

#CALIF DEPT OF HEALTH SERV  
MOP024  
SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR CASH GRANT - AGED

PA

AID CODE 10

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	2,309	22,073	\$ 1,068,072.21	\$ 48.39	394.161	\$ 462.57	\$ 1
@PHYSICIANS SERVICES	23	30	\$ 570.73	\$ 19.02	.536	\$ 24.81	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	23	30	570.73	19.02	.536	24.81	
@PHARMACY	400	10,235	\$ 124,808.17	\$ 12.19	182.768	\$ 312.02	\$
PRESCRIPTION DRUGS	391	620	123,711.14	199.53	11.071	316.40	
SNF/ICF	57	85	24,812.27	291.91	1.518	435.30	
OUTPATIENTS	336	535	98,898.87	184.86	9.554	294.34	
MEDICAL SUPPLIES	11	9,615	1,097.03	.11	171.696	99.73	
@DENTIST	444	1,809	\$ 70,496.30	\$ 38.97	32.304	\$ 158.78	\$
VISITS - DIAGNOSTIC	333	1,149	12,695.55	11.05	20.518	38.12	
ORAL SURGERY	82	261	12,446.50	47.69	4.661	151.79	
DRUGS	1	1	15.00	15.00	.018	15.00	
ANESTHESIA	18	18	1,700.00	94.44	.321	94.44	
PERIODONTICS	23	23	2,369.00	103.00	.411	103.00	
ENDODONTICS	19	23	5,115.00	222.39	.411	269.21	
RESTORATIVE DENTISTRY	76	142	9,728.50	68.51	2.536	128.01	
PROSTHETICS	6	6	200.00	33.33	.107	33.33	
DENTURES, STAYPLATES	61	147	26,226.75	178.41	2.625	429.95	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	

ALL OTHER SERVICES	29	39	.00	.00	.696	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED						
	AID CODE 10						
	----- MONTHLY AVERAGE -						
56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	7	17	\$ 299.70	\$ 17.63	.304	\$ 42.81	\$
DIAGNOSTIC AND ANC. PROCED	3	3	55.46	18.49	.054	18.49	
EYE APPLIANCES	5	14	244.24	17.45	.250	48.85	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	4	10	\$ 5,999.09CR	\$ 599.91CR	.179	\$ 1499.77CR	\$
HOSP INPATIENT TOTAL	0	0	6,276.00CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	6,276.00CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	4	10	276.91	27.69	.179	69.23	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	4	10	276.91	27.69	.179	69.23	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV    MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005    PA						
MOP024    FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY    SUMMARY OF SERVICES FOR CASH GRANT - AGED    AID CODE 10						
56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER
@COMMUNITY HOSPITAL TOTAL	4	10	\$ 5,999.09CR	\$ 599.91CR	.179	\$ 1499.77CR\$
COMM HOSP INPATIENT TOTAL	0	0	6,276.00CR	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	6,276.00CR	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	4	10	276.91	27.69	.179	69.23
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	4	10	276.91	27.69	.179	69.23
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00 \$
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	4	62	\$ 8,274.82	\$ 133.46	1.107	\$ 2068.71 \$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	4	62	8,274.82	133.46	1.107	2068.71
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00 \$
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00 \$
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00 \$
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00 \$
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	719	4,912	\$ 586,365.49	\$ 119.37	87.714	\$ 815.53 \$ 1
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00

HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	719	4,912	586,365.49	119.37	87.714	815.53	1
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MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED						

						AID CODE 10	
						----- MONTHLY AVERAGE -	
56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	911	4,998	\$ 283,256.09	\$ 56.67	89.250	\$ 310.93	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	9	59	4,126.10	69.93	1.054	458.46	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	599	4,225	270,924.17	64.12	75.446	452.29	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	301	701	7,901.48	11.27	12.518	26.25	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	1	4	174.31	43.58	.071	174.31	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	8	9	130.03	14.45	.161	16.25	
@CALIF. CHILDREN SERVICES*	1	16	\$ 1,705.28	\$ 106.58	.286	\$ 1705.28	\$
@XOVER EXCLUDING STATE HOSP**	38	64	\$ 4,603.43CR	\$ 71.93CR	1.143	\$ 121.14CR	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND						

						AID CODE 20	
						----- MONTHLY AVERAGE -	
03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	340	39,300	\$ 511,205.91	\$ 13.01	3100.000	\$ 1503.55	\$17
@PHYSICIANS SERVICES	11	21	\$ 4,163.56	\$ 198.26	7.000	\$ 378.51	\$
OUTPATIENT VISITS	6	6	638.45	106.41	2.000	106.41	
OFFICE VISITS	3	3	328.05	109.35	1.000	109.35	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	2	2	246.47	123.24	.667	123.24	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	

OTHER OUTPATIENT	1	1		63.93	63.93	.333	63.93	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1		25.96	25.96	.333	25.96	
EXAMINATIONS	1	1		25.96	25.96	.333	25.96	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	1	2		2,783.61	1391.81	.667	2783.61	
PRINCIPAL SURGEON	1	2		2,783.61	1391.81	.667	2783.61	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	3	7		97.85	13.98	2.333	32.62	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	5		617.69	123.54	1.667	308.85	
@PHARMACY	81	1,204	\$	30,166.69	\$ 25.06	401.333	\$ 372.43	\$ 1
PRESCRIPTION DRUGS	76	141		28,189.48	199.93	47.000	370.91	
SNF/ICF	8	10		1,166.20	116.62	3.333	145.78	
OUTPATIENTS	68	131		27,023.28	206.28	43.667	397.40	
MEDICAL SUPPLIES	13	1,063		1,977.21	1.86	354.333	152.09	
@DENTIST	49	187	\$	6,636.45	\$ 35.49	62.333	\$ 135.44	\$
VISITS - DIAGNOSTIC	33	126		1,877.30	14.90	42.000	56.89	
ORAL SURGERY	3	15		1,108.00	73.87	5.000	369.33	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	1	1		.00	.00	.333	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	13	27		886.15	32.82	9.000	68.17	
PROSTHETICS	0	0		.00	.00	.000	.00	

DENTURES, STAYPLATES	8	14	2,765.00	197.50	4.667	345.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.333	.00
ALL OTHER SERVICES	2	3	.00	.00	1.000	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA						
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20					
03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	1	3 \$	42.85	\$ 14.28	1.000	\$ 42.85 \$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	1	3	42.85	14.28	1.000	42.85
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00 \$
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	1	1 \$	2.88	\$ 2.88	.333	\$ 2.88 \$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	1	1	2.88	2.88	.333	2.88
@HOME HEALTH AGENCY	1	5 \$	329.57	\$ 65.91	1.667	\$ 329.57 \$
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00 \$
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00 \$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00 \$
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00 \$
@TOTAL HOSPITAL	6	23 \$	27,550.56	\$ 1197.85	7.667	\$ 4591.76 \$
HOSP INPATIENT TOTAL	1	4	27,216.32	6804.08	1.333	27216.32
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	1	4	27,216.32	6804.08	1.333	27216.32
ACCOMMODATIONS	1	4	3,066.88	766.72	1.333	3066.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	1	4	3,066.88	766.72	1.333	3066.88
ANCILLARIES	1	0	24,149.44	.00	.000	24149.44
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	5	19	334.24	17.59	6.333	66.85
MEDICAL	1	1	57.11	57.11	.333	57.11
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	3	11	144.07	13.10	3.667	48.02
RADIOLOGY	1	1	18.71	18.71	.333	18.71
ROOM USE	3	5	98.87	19.77	1.667	32.96
CROSSOVERS/ALL OTH OUTPTNT	1	1	15.48	15.48	.333	15.48
@COUNTY HOSPITAL TOTAL	2	5 \$	62.35	\$ 12.47	1.667	\$ 31.18 \$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00

ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	2	5	62.35	12.47	1.667	31.18
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	1	3	62.35	20.78	1.000	62.35
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	1	2	.00	.00	.667	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - BLIND      AID CODE 20

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	4	18	\$ 27,488.21	\$ 1527.12	6.000	\$ 6872.05	\$
COMM HOSP INPATIENT TOTAL	1	4	27,216.32	6804.08	1.333	27216.32	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	1	4	27,216.32	6804.08	1.333	27216.32	
ACCOMMODATIONS	1	4	3,066.88	766.72	1.333	3066.88	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	4	3,066.88	766.72	1.333	3066.88	
ANCILLARIES	1	0	24,149.44	.00	.000	24149.44	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3	14	271.89	19.42	4.667	90.63	
MEDICAL	1	1	57.11	57.11	.333	57.11	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	2	8	81.72	10.22	2.667	40.86	
RADIOLOGY	1	1	18.71	18.71	.333	18.71	
ROOM USE	2	3	98.87	32.96	1.000	49.44	
CROSSOVERS/ALL OTH OUTPTNT	1	1	15.48	15.48	.333	15.48	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	15	159	\$ 2,933.88	\$ 18.45	53.000	\$ 195.59	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	15	159	2,933.88	18.45	53.000	195.59	
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$

PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	98	522	\$ 63,194.51	\$ 121.06	174.000	\$ 644.84 \$ 2
CLINIC	2	6	670.72	111.79	2.000	335.36
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	96	516	62,523.79	121.17	172.000	651.29 2
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - BLIND					
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03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	154	37,175	\$ 376,184.96	\$ 10.12	2391.667	\$ 2442.76	\$12
DURABLE MED. EQUIP.	5	6	6,523.37	1087.23	2.000	1304.67	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	16	311.28	19.46	5.333	103.76	
AMBULANCES/AIR TRANS	3	15	301.40	20.09	5.000	100.47	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	9.88	9.88	.333	9.88	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.333	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	85	5,426	219,760.35	40.50	1808.667	2585.42	7
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	17	40	384.54	9.61	13.333	22.62	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	8	1,464.50	183.06	2.667	1464.50	
PROSTHETICS	1	8	1,464.50	183.06	2.667	1464.50	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	4	222.58	55.65	1.333	111.29	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	16	8,816	16,996.44	1.93	2938.667	1062.28	
EPSDT SUPPLEMENTAL SERVICE	12	4,344	118,331.53	27.24	1448.000	9860.96	3
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	29	18,514	12,085.37	.65	6171.333	416.74	
@CALIF. CHILDREN SERVICES*	63	23,965	\$ 182,781.24	\$ 7.63	7988.333	\$ 2901.29	\$ 6
@XOVER EXCLUDING STATE HOSP**	4	11	\$ 43.26	\$ 3.93	3.667	\$ 10.82	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED					
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448 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	24,850	287,640	\$ 17,066,191.18	\$ 59.33	642.054	\$ 686.77	\$ 3
@PHYSICIANS SERVICES	829	3,441	\$ 217,136.42	\$ 63.10	7.681	\$ 261.93	\$
OUTPATIENT VISITS	480	622	32,424.89	52.13	1.388	67.55	



OFFICE VISITS	191	233		12,912.06	55.42	.520	67.60	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	55	59		4,763.84	80.74	.132	86.62	
PREVENTIVE CARE	1	1		61.26	61.26	.002	61.26	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	264	329		14,687.73	44.64	.734	55.64	
INPATIENT VISITS	109	628		54,254.34	86.39	1.402	497.75	
HOSPITAL VISITS	88	440		29,474.60	66.99	.982	334.94	
CRITICAL CARE	22	173		24,230.24	140.06	.386	1101.37	
SNF/ICF/TRANS IP CARE	13	15		549.50	36.63	.033	42.27	
OPHTHALMOLOGICAL SERVICES	15	22		949.76	43.17	.049	63.32	
EXAMINATIONS	15	22		949.76	43.17	.049	63.32	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	62	396		32,944.83	83.19	.884	531.37	
PRINCIPAL SURGEON	41	60		22,875.34	381.26	.134	557.94	
ASSISTANT SURGEON	3	4		453.91	113.48	.009	151.30	
ANESTHESIOLOGIST	27	332		9,615.58	28.96	.741	356.13	
OUTPATIENT SURGERY	87	425		24,723.10	58.17	.949	284.17	
PRINCIPAL SURGEON	49	73		11,401.47	156.18	.163	232.68	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	45	352		13,321.63	37.85	.786	296.04	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	33	177		7,171.91	40.52	.395	217.33	
RADIOLOGY	171	352		13,156.88	37.38	.786	76.94	
PSYCHIATRY	25	31		1,463.90	47.22	.069	58.56	
IMMUNIZATION AND INJECTION	7	53		3,716.43	70.12	.118	530.92	
OTHER SERVICES/ALL X-OVERS	319	735		46,330.38	63.03	1.641	145.24	
@PHARMACY	12,291	78,995	\$	7,281,989.25	\$ 92.18	176.328	\$ 592.47	\$ 1
PRESCRIPTION DRUGS	12,138	28,944		7,099,884.84	245.30	64.607	584.93	1
SNF/ICF	2,521	8,111		1,790,689.36	220.77	18.105	710.31	
OUTPATIENTS	9,835	20,833		5,309,195.48	254.85	46.502	539.83	1
MEDICAL SUPPLIES	410	50,051		182,104.41	3.64	111.721	444.16	
@DENTIST	2,454	10,140	\$	355,714.82	\$ 35.08	22.634	\$ 144.95	\$
VISITS - DIAGNOSTIC	1,776	6,344		78,207.91	12.33	14.161	44.04	
ORAL SURGERY	378	1,147		65,471.90	57.08	2.560	173.21	
DRUGS	21	23		320.00	13.91	.051	15.24	
ANESTHESIA	89	102		7,910.00	77.55	.228	88.88	
PERIODONTICS	128	135		15,380.15	113.93	.301	120.16	
ENDODONTICS	161	238		47,548.41	199.78	.531	295.33	
RESTORATIVE DENTISTRY	569	1,369		76,536.50	55.91	3.056	134.51	
PROSTHETICS	27	29		869.50	29.98	.065	32.20	
DENTURES, STAYPLATES	182	563		58,290.45	103.54	1.257	320.28	
SPACE MAINTAINERS	1	3		360.00	120.00	.007	360.00	
MAXILLOFACIAL SERVICES	6	7		3,750.00	535.71	.016	625.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	8	13		995.00	76.54	.029	124.38	
ALL OTHER SERVICES	112	167		75.00	.45	.373	.67	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED							
						AID CODE 60		
						----- MONTHLY AVERAGE -		
448 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	36	98	\$	2,099.71	\$ 21.43	.219	\$ 58.33	\$
DIAGNOSTIC AND ANC. PROCED	19	27		581.27	21.53	.060	30.59	

EYE APPLIANCES	24	66		1,281.64	19.42	.147	53.40	
OTHER OPTOMETRIC SERVICES	5	5		236.80	47.36	.011	47.36	
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	7	10	\$	162.66	16.27	.022	23.24	\$
MEDICINE/INJECTIONS	1	1		57.20	57.20	.002	57.20	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	6	9		105.46	11.72	.020	17.58	
@HOME HEALTH AGENCY	81	3,619	\$	148,642.51	41.07	8.078	1835.09	\$
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	942	5,631	\$	1,354,051.45	240.46	12.569	1437.42	\$
HOSP INPATIENT TOTAL	197	555		1,153,091.97	2077.64	1.239	5853.26	
HSC HOSPITALS	78	541		983,783.00	1818.45	1.208	12612.60	
NON-HSC HOSPITAL TOTAL	7	14		44,584.81	3184.63	.031	6369.26	
ACCOMMODATIONS	7	14		10,916.92	779.78	.031	1559.56	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	7	14		10,916.92	779.78	.031	1559.56	
ANCILLARIES	7	0		33,667.89	.00	.000	4809.70	
INPATIENT CROSSOVERS	112	0		124,724.16	.00	.000	1113.61	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	791	5,076		200,959.48	39.59	11.330	254.06	
MEDICAL	213	677		62,696.22	92.61	1.511	294.35	
SURGERY	55	69		5,030.60	72.91	.154	91.47	
PATHOLOGY	227	1,856		19,882.40	10.71	4.143	87.59	
RADIOLOGY	150	220		40,236.67	182.89	.491	268.24	
ROOM USE	425	597		24,808.96	41.56	1.333	58.37	
CROSSOVERS/ALL OTH OUTPTNT	269	1,657		48,304.63	29.15	3.699	179.57	
@COUNTY HOSPITAL TOTAL	50	261	\$	194,136.07	743.82	.583	3882.72	\$
CO HOSPITAL INPATIENT TOTAL	15	141		189,727.64	1345.59	.315	12648.51	
HSC HOSPITALS	12	138		186,424.00	1350.90	.308	15535.33	

NON-HSC HOSPITALS TOTAL	1	3	2,149.45	716.48	.007	2149.45
ACCOMMODATIONS	1	3	693.90	231.30	.007	693.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	1	3	693.90	231.30	.007	693.90
ANCILLARIES	1	0	1,455.55	.00	.000	1455.55
INPATIENT CROSSOVERS	2	0	1,154.19	.00	.000	577.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	37	120	4,408.43	36.74	.268	119.15
MEDICAL	26	37	1,970.08	53.25	.083	75.77
SURGERY	2	3	267.18	89.06	.007	133.59
PATHOLOGY	6	31	348.04	11.23	.069	58.01
RADIOLOGY	5	9	734.35	81.59	.020	146.87
ROOM USE	10	14	361.82	25.84	.031	36.18
CROSSOVERS/ALL OTH OUTPTNT	13	26	726.96	27.96	.058	55.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED					
				AID CODE 60		
					----- MONTHLY AVERAGE -	
448 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	899	5,370	\$ 1,159,915.38	\$ 216.00	11.987	\$ 1290.23
COMM HOSP INPATIENT TOTAL	183	414	963,364.33	2326.97	.924	5264.29
HSC HOSPITALS	67	403	797,359.00	1978.56	.900	11900.88
NON-HSC HOSPITALS TOTAL	6	11	42,435.36	3857.76	.025	7072.56
ACCOMMODATIONS	6	11	10,223.02	929.37	.025	1703.84
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	6	11	10,223.02	929.37	.025	1703.84
ANCILLARIES	6	0	32,212.34	.00	.000	5368.72
INPATIENT CROSSOVERS	110	0	123,569.97	.00	.000	1123.36
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	758	4,956	196,551.05	39.66	11.063	259.30
MEDICAL	189	640	60,726.14	94.88	1.429	321.30
SURGERY	53	66	4,763.42	72.17	.147	89.88
PATHOLOGY	221	1,825	19,534.36	10.70	4.074	88.39
RADIOLOGY	145	211	39,502.32	187.21	.471	272.43
ROOM USE	415	583	24,447.14	41.93	1.301	58.91
CROSSOVERS/ALL OTH OUTPTNT	256	1,631	47,577.67	29.17	3.641	185.85
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	38	1,064	\$ 160,370.49	\$ 150.72	2.375	\$ 4220.28
LEV A-INTERMEDIATE	1	30	2,686.20	89.54	.067	2686.20
LEV B-REHAB MD	23	742	113,532.88	153.01	1.656	4936.21
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	14	292	44,151.41	151.20	.652	3153.67
@INTERMEDIATE CARE FACIL.-DD	10	290	\$ 47,400.50	\$ 163.45	.647	\$ 4740.05
ICF DDH	10	290	47,400.50	163.45	.647	4740.05
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00

HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	314	4,799	\$ 62,482.54	\$ 13.02	10.712	\$ 198.99
HOSPITAL BASED	62	247	6,545.79	26.50	.551	105.58
INDEPENDENT FACILITY	253	4,552	55,936.75	12.29	10.161	221.09
@LABORATORY FACILITY	43	186	\$ 2,014.06	\$ 10.83	.415	\$ 46.84
PATHOLOGY	42	185	1,995.96	10.79	.413	47.52
XO AND OTHERS	1	1	18.10	18.10	.002	18.10
@ORGANIZED OUTPATIENT CLINIC	10,582	29,203	\$ 6,589,330.41	\$ 225.64	65.185	\$ 622.69
CLINIC	10	30	708.83	23.63	.067	70.88
SURGICENTER	1	1	82.42	82.42	.002	82.42
HEROIN DETOX CLINIC	1	11	139.36	12.67	.025	139.36
RURAL HEALTH CLINIC	10,571	29,161	6,588,399.80	225.93	65.092	623.25
#CALIF DEPT OF HEALTH SERV						1
MOP024						PA

FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR CASH GRANT - DISABLED

448 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	2,773	150,164	\$ 844,796.36	\$ 5.63	335.188	\$ 304.65	\$
DURABLE MED. EQUIP.	152	748	138,033.57	184.54	1.670	908.12	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	5	7	1,824.37	260.62	.016	364.87	
MEDICAL TRANSPORTATION	45	1,305	17,609.15	13.49	2.913	391.31	
AMBULANCES/AIR TRANS	45	1,293	13,170.23	10.19	2.886	292.67	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	12	12	4,438.92	369.91	.027	369.91	
ACUPUNCTURE	2	4	59.10	14.78	.009	29.55	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	4	4	420.00	105.00	.009	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	552	8,395	382,609.28	45.58	18.739	693.13	
OCCUPATIONAL THERAPIST	7	86	1,025.21	11.92	.192	146.46	
OPTICIAN	1,114	2,703	27,655.24	10.23	6.033	24.83	
PHYSICAL THERAPIST	1	9	147.04	16.34	.020	147.04	
PORTABLE X-RAY	2	4	61.28	15.32	.009	30.64	
PROSTHETIST/ORTHOTISTS	15	59	9,944.75	168.56	.132	662.98	
PROSTHETICS	15	59	9,944.75	168.56	.132	662.98	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	16	40	1,610.32	40.26	.089	100.65	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	736	21,591	152,586.54	7.07	48.194	207.32	
EPSDT SUPPLEMENTAL SERVICE	2	1,528	37,313.76	24.42	3.411	18656.88	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	229	113,681	73,896.75	.65	253.752	322.69	
@CALIF. CHILDREN SERVICES*	2,007	155,492	\$ 2,618,647.43	\$ 16.84	347.080	\$ 1304.76	\$
@XOVER EXCLUDING STATE HOSP**	201	275	\$ 134,971.68	\$ 490.81	.614	\$ 671.50	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV  
 MOP024  
 SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

----- MONTHLY AVERAGE -

385 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	10,720	40,684	\$ 2,516,264.21	\$ 61.85	105.673	\$ 234.73	\$
@PHYSICIANS SERVICES	471	1,853	\$ 153,355.24	\$ 82.76	4.813	\$ 325.59	\$
OUTPATIENT VISITS	274	312	18,750.53	60.10	.810	68.43	
OFFICE VISITS	148	163	11,297.38	69.31	.423	76.33	
HOME VISITS	2	6	182.40	30.40	.016	91.20	
EMERGENCY ROOM	31	30	2,334.77	77.83	.078	75.32	
PREVENTIVE CARE	1	1	54.83	54.83	.003	54.83	
OB VISITS/COMPRE PERI	1	3	181.44	60.48	.008	181.44	
OTHER OUTPATIENT	100	109	4,699.71	43.12	.283	47.00	
INPATIENT VISITS	46	244	28,372.61	116.28	.634	616.80	
HOSPITAL VISITS	40	113	7,927.83	70.16	.294	198.20	
CRITICAL CARE	15	131	20,444.78	156.07	.340	1362.99	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	23	29	1,350.48	46.57	.075	58.72	
EXAMINATIONS	23	29	1,350.48	46.57	.075	58.72	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	38	255	25,188.21	98.78	.662	662.85	
PRINCIPAL SURGEON	22	28	17,784.34	635.16	.073	808.38	
ASSISTANT SURGEON	1	1	520.10	520.10	.003	520.10	
ANESTHESIOLOGIST	22	226	6,883.77	30.46	.587	312.90	
OUTPATIENT SURGERY	48	209	14,375.22	68.78	.543	299.48	
PRINCIPAL SURGEON	32	51	9,249.45	181.36	.132	289.05	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	19	158	5,125.77	32.44	.410	269.78	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	14	37	864.20	23.36	.096	61.73	
RADIOLOGY	94	182	10,093.02	55.46	.473	107.37	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	6	6	198.72	33.12	.016	33.12	
OTHER SERVICES/ALL X-OVERS	182	579	54,162.25	93.54	1.504	297.59	
@PHARMACY	452	1,442	\$ 120,656.66	\$ 83.67	3.745	\$ 266.94	\$
PRESCRIPTION DRUGS	429	798	113,397.71	142.10	2.073	264.33	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	429	798	113,397.71	142.10	2.073	264.33	
MEDICAL SUPPLIES	52	644	7,258.95	11.27	1.673	139.60	
@DENTIST	3,069	16,437	\$ 453,047.25	\$ 27.56	42.694	\$ 147.62	\$
VISITS - DIAGNOSTIC	2,513	11,395	154,602.20	13.57	29.597	61.52	
ORAL SURGERY	352	703	46,209.05	65.73	1.826	131.28	
DRUGS	179	190	4,363.75	22.97	.494	24.38	
ANESTHESIA	72	76	6,930.00	91.18	.197	96.25	
PERIODONTICS	49	50	5,165.10	103.30	.130	105.41	
ENDODONTICS	219	551	57,648.45	104.63	1.431	263.23	
RESTORATIVE DENTISTRY	926	3,113	158,076.70	50.78	8.086	170.71	
PROSTHETICS	14	18	470.00	26.11	.047	33.57	
DENTURES, STAYPLATES	20	60	3,545.50	59.09	.156	177.28	
SPACE MAINTAINERS	31	35	4,391.00	125.46	.091	141.65	
MAXILLOFACIAL SERVICES	4	4	197.50	49.38	.010	49.38	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	95	140	10,923.00	78.02	.364	114.98	
ALL OTHER SERVICES	71	102	525.00	5.15	.265	7.39	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

385 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	10	20	\$ 410.34	\$ 20.52	.052	\$ 41.03	\$
DIAGNOSTIC AND ANC. PROCED	6	6	154.66	25.78	.016	25.78	
EYE APPLIANCES	4	9	128.55	14.28	.023	32.14	
OTHER OPTOMETRIC SERVICES	3	5	127.13	25.43	.013	42.38	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	2	1CR	\$ 86.15	\$ 86.15CR	.003CR	\$ 43.08	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	415	1,461	\$ 436,539.02	\$ 298.79	3.795	\$ 1051.90	\$
HOSP INPATIENT TOTAL	42	128	379,679.21	2966.24	.332	9039.98	
HSC HOSPITALS	39	119	328,295.00	2758.78	.309	8417.82	
NON-HSC HOSPITAL TOTAL	4	9	51,384.21	5709.36	.023	12846.05	
ACCOMMODATIONS	4	9	7,491.30	832.37	.023	1872.83	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	4	9	7,491.30	832.37	.023	1872.83	
ANCILLARIES	4	0	43,892.91	.00	.000	10973.23	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	381	1,333	56,859.81	42.66	3.462	149.24	
MEDICAL	81	122	10,405.31	85.29	.317	128.46	
SURGERY	23	27	2,895.99	107.26	.070	125.91	
PATHOLOGY	89	524	5,704.89	10.89	1.361	64.10	
RADIOLOGY	74	108	16,917.97	156.65	.281	228.62	
ROOM USE	210	261	11,235.78	43.05	.678	53.50	
CROSSOVERS/ALL OTH OUTPTNT	166	291	9,699.87	33.33	.756	58.43	
@COUNTY HOSPITAL TOTAL	25	59	\$ 21,978.25	\$ 372.51	.153	\$ 879.13	\$
CO HOSPITAL INPATIENT TOTAL	7	14	18,928.00	1352.00	.036	2704.00	
HSC HOSPITALS	7	14	18,928.00	1352.00	.036	2704.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	18	45	3,050.25	67.78	.117	169.46	
MEDICAL	9	10	745.19	74.52	.026	82.80	
SURGERY	1	1	120.23	120.23	.003	120.23	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	7	17	1,444.35	84.96	.044	206.34	
ROOM USE	9	11	522.46	47.50	.029	58.05	

CROSSOVERS/ALL OTH OUTPTNT	4	6	218.02	36.34	.016	54.51	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G						
					-----	MONTHLY AVERAGE	-
385 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	390	1,402	\$ 414,560.77	\$ 295.69	3.642	\$ 1062.98	\$
COMM HOSP INPATIENT TOTAL	35	114	360,751.21	3164.48	.296	10307.18	
HSC HOSPITALS	32	105	309,367.00	2946.35	.273	9667.72	
NON-HSC HOSPITALS TOTAL	4	9	51,384.21	5709.36	.023	12846.05	
ACCOMMODATIONS	4	9	7,491.30	832.37	.023	1872.83	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	4	9	7,491.30	832.37	.023	1872.83	
ANCILLARIES	4	0	43,892.91	.00	.000	10973.23	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	363	1,288	53,809.56	41.78	3.345	148.24	
MEDICAL	72	112	9,660.12	86.25	.291	134.17	
SURGERY	22	26	2,775.76	106.76	.068	126.17	
PATHOLOGY	89	524	5,704.89	10.89	1.361	64.10	
RADIOLOGY	67	91	15,473.62	170.04	.236	230.95	
ROOM USE	201	250	10,713.32	42.85	.649	53.30	
CROSSOVERS/ALL OTH OUTPTNT	162	285	9,481.85	33.27	.740	58.53	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$

ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	61	691	\$ 9,795.46	\$ 14.18	1.795	\$ 160.58
HOSPITAL BASED	27	66	2,157.95	32.70	.171	79.92
INDEPENDENT FACILITY	34	625	7,637.51	12.22	1.623	224.63
@LABORATORY FACILITY	25	74	\$ 1,086.73	\$ 14.69	.192	\$ 43.47
PATHOLOGY	25	74	1,086.73	14.69	.192	43.47
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	5,024	7,269	\$ 1,220,656.06	\$ 167.93	18.881	\$ 242.96
CLINIC	3	6	158.84	26.47	.016	52.95
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	1	15	176.52	11.77	.039	176.52
RURAL HEALTH CLINIC	5,021	7,248	1,220,320.70	168.37	18.826	243.04

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
MOP024 FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

385 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@ALL OTHER PROVIDERS	1,772	11,438	\$ 120,631.30	\$ 10.55	29.709	\$ 68.08	\$
DURABLE MED. EQUIP.	10	16	5,142.24	321.39	.042	514.22	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	3	6	277.17	46.20	.016	92.39	
MEDICAL TRANSPORTATION	15	316	9,501.25	30.07	.821	633.42	
AMBULANCES/AIR TRANS	14	308	2,786.73	9.05	.800	199.05	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	8	8	6,714.52	839.32	.021	839.32	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	39	39	4,095.00	105.00	.101	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	468	1,015	8,563.35	8.44	2.636	18.30	
PHYSICAL THERAPIST	1	5	90.94	18.19	.013	90.94	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	3	19	2,355.89	123.99	.049	785.30	
PROSTHETICS	3	19	2,355.89	123.99	.049	785.30	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	16	33	1,629.06	49.37	.086	101.82	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	1,225	9,989	88,976.40	8.91	25.945	72.63	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	754	5,088	\$ 633,568.56	\$ 124.52	13.216	\$ 840.28	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.



\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

	892 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	38,219	389,697	\$	21,161,733.51	\$ 54.30	436.880	\$ 553.70	\$ 2
@PHYSICIANS SERVICES	1,334	5,345	\$	375,225.95	\$ 70.20	5.992	\$ 281.28	\$
OUTPATIENT VISITS	760	940		51,813.87	55.12	1.054	68.18	
OFFICE VISITS	342	399		24,537.49	61.50	.447	71.75	
HOME VISITS	2	6		182.40	30.40	.007	91.20	
EMERGENCY ROOM	88	91		7,345.08	80.72	.102	83.47	
PREVENTIVE CARE	2	2		116.09	58.05	.002	58.05	
OB VISITS/COMPRE PERI	1	3		181.44	60.48	.003	181.44	
OTHER OUTPATIENT	365	439		19,451.37	44.31	.492	53.29	
INPATIENT VISITS	155	872		82,626.95	94.76	.978	533.08	
HOSPITAL VISITS	128	553		37,402.43	67.64	.620	292.21	
CRITICAL CARE	37	304		44,675.02	146.96	.341	1207.43	
SNF/ICF/TRANS IP CARE	13	15		549.50	36.63	.017	42.27	
OPHTHALMOLOGICAL SERVICES	39	52		2,326.20	44.73	.058	59.65	
EXAMINATIONS	39	52		2,326.20	44.73	.058	59.65	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	100	651		58,133.04	89.30	.730	581.33	
PRINCIPAL SURGEON	63	88		40,659.68	462.04	.099	645.39	
ASSISTANT SURGEON	4	5		974.01	194.80	.006	243.50	
ANESTHESIOLOGIST	49	558		16,499.35	29.57	.626	336.72	
OUTPATIENT SURGERY	136	636		41,881.93	65.85	.713	307.96	
PRINCIPAL SURGEON	82	126		23,434.53	185.99	.141	285.79	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	64	510		18,447.40	36.17	.572	288.24	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	47	214		8,036.11	37.55	.240	170.98	
RADIOLOGY	268	541		23,347.75	43.16	.607	87.12	
PSYCHIATRY	25	31		1,463.90	47.22	.035	58.56	
IMMUNIZATION AND INJECTION	13	59		3,915.15	66.36	.066	301.17	
OTHER SERVICES/ALL X-OVERS	526	1,349		101,681.05	75.38	1.512	193.31	
@PHARMACY	13,224	91,876	\$	7,557,620.77	\$ 82.26	103.000	\$ 571.51	\$
PRESCRIPTION DRUGS	13,034	30,503		7,365,183.17	241.46	34.196	565.07	
SNF/ICF	2,586	8,206		1,816,667.83	221.38	9.200	702.50	
OUTPATIENTS	10,668	22,297		5,548,515.34	248.85	24.997	520.11	
MEDICAL SUPPLIES	486	61,373		192,437.60	3.14	68.804	395.96	
@DENTIST	6,016	28,573	\$	885,894.82	\$ 31.00	32.033	\$ 147.26	\$
VISITS - DIAGNOSTIC	4,655	19,014		247,382.96	13.01	21.316	53.14	
ORAL SURGERY	815	2,126		125,235.45	58.91	2.383	153.66	
DRUGS	201	214		4,698.75	21.96	.240	23.38	
ANESTHESIA	179	196		16,540.00	84.39	.220	92.40	
PERIODONTICS	201	209		22,914.25	109.64	.234	114.00	
ENDODONTICS	399	812		110,311.86	135.85	.910	276.47	
RESTORATIVE DENTISTRY	1,584	4,651		245,227.85	52.73	5.214	154.82	
PROSTHETICS	47	53		1,539.50	29.05	.059	32.76	
DENTURES, STAYPLATES	271	784		90,827.70	115.85	.879	335.16	
SPACE MAINTAINERS	32	38		4,751.00	125.03	.043	148.47	
MAXILLOFACIAL SERVICES	10	11		3,947.50	358.86	.012	394.75	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	

ORTHODONTIC SERVICES	104	154	11,918.00	77.39	.173	114.60	
ALL OTHER SERVICES	214	311	600.00	1.93	.349	2.80	

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892 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	54	138	\$ 2,852.60	\$ 20.67	.155	\$ 52.83	\$
DIAGNOSTIC AND ANC. PROCED	28	36	791.39	21.98	.040	28.26	
EYE APPLIANCES	34	92	1,697.28	18.45	.103	49.92	
OTHER OPTOMETRIC SERVICES	8	10	363.93	36.39	.011	45.49	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	8	11	\$ 165.54	\$ 15.05	.012	\$ 20.69	\$
MEDICINE/INJECTIONS	1	1	57.20	57.20	.001	57.20	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	7	10	108.34	10.83	.011	15.48	
@HOME HEALTH AGENCY	84	3,623	\$ 149,058.23	\$ 41.14	4.062	\$ 1774.50	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	1,367	7,125	\$ 1,812,141.94	\$ 254.34	7.988	\$ 1325.63	\$
HOSP INPATIENT TOTAL	240	687	1,553,711.50	2261.59	.770	6473.80	
HSC HOSPITALS	117	660	1,312,078.00	1988.00	.740	11214.34	
NON-HSC HOSPITAL TOTAL	12	27	123,185.34	4562.42	.030	10265.45	
ACCOMMODATIONS	12	27	21,475.10	795.37	.030	1789.59	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	12	27	21,475.10	795.37	.030	1789.59	
ANCILLARIES	12	0	101,710.24	.00	.000	8475.85	
INPATIENT CROSSOVERS	112	0	118,448.16	.00	.000	1057.57	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1,181	6,438	258,430.44	40.14	7.217	218.82	
MEDICAL	295	800	73,158.64	91.45	.897	248.00	
SURGERY	78	96	7,926.59	82.57	.108	101.62	
PATHOLOGY	319	2,391	25,731.36	10.76	2.680	80.66	
RADIOLOGY	225	329	57,173.35	173.78	.369	254.10	
ROOM USE	638	863	36,143.61	41.88	.967	56.65	
CROSSOVERS/ALL OTH OUTPTNT	440	1,959	58,296.89	29.76	2.196	132.49	
@COUNTY HOSPITAL TOTAL	77	325	\$ 216,176.67	\$ 665.16	.364	\$ 2807.49	\$
CO HOSPITAL INPATIENT TOTAL	22	155	208,655.64	1346.17	.174	9484.35	
HSC HOSPITALS	19	152	205,352.00	1351.00	.170	10808.00	
NON-HSC HOSPITALS TOTAL	1	3	2,149.45	716.48	.003	2149.45	
ACCOMMODATIONS	1	3	693.90	231.30	.003	693.90	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	3	693.90	231.30	.003	693.90	
ANCILLARIES	1	0	1,455.55	.00	.000	1455.55	
INPATIENT CROSSOVERS	2	0	1,154.19	.00	.000	577.10	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	57	170	7,521.03	44.24	.191	131.95	

MEDICAL	35	47	2,715.27	57.77	.053	77.58
SURGERY	3	4	387.41	96.85	.004	129.14
PATHOLOGY	7	34	410.39	12.07	.038	58.63
RADIOLOGY	12	26	2,178.70	83.80	.029	181.56
ROOM USE	20	27	884.28	32.75	.030	44.21
CROSSOVERS/ALL OTH OUTPTNT	17	32	944.98	29.53	.036	55.59

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892 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C F
@COMMUNITY HOSPITAL TOTAL	1,297	6,800	\$ 1,595,965.27	\$ 234.70	7.623	\$ 1230.51	\$
COMM HOSP INPATIENT TOTAL	219	532	1,345,055.86	2528.30	.596	6141.81	
HSC HOSPITALS	99	508	1,106,726.00	2178.59	.570	11179.05	
NON-HSC HOSPITALS TOTAL	11	24	121,035.89	5043.16	.027	11003.26	
ACCOMMODATIONS	11	24	20,781.20	865.88	.027	1889.20	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	11	24	20,781.20	865.88	.027	1889.20	
ANCILLARIES	11	0	100,254.69	.00	.000	9114.06	
INPATIENT CROSSOVERS	110	0	117,293.97	.00	.000	1066.31	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1,128	6,268	250,909.41	40.03	7.027	222.44	
MEDICAL	262	753	70,443.37	93.55	.844	268.87	
SURGERY	75	92	7,539.18	81.95	1.103	100.52	
PATHOLOGY	312	2,357	25,320.97	10.74	2.642	81.16	
RADIOLOGY	213	303	54,994.65	181.50	.340	258.19	
ROOM USE	618	836	35,259.33	42.18	.937	57.05	
CROSSOVERS/ALL OTH OUTPTNT	423	1,927	57,351.91	29.76	2.160	135.58	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	42	1,126	\$ 168,645.31	\$ 149.77	1.262	\$ 4015.36	\$
LEV A-INTERMEDIATE	1	30	2,686.20	89.54	.034	2686.20	
LEV B-REHAB MD	23	742	113,532.88	153.01	.832	4936.21	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	18	354	52,426.23	148.10	.397	2912.57	
@INTERMEDIATE CARE FACIL.-DD	10	290	\$ 47,400.50	\$ 163.45	.325	\$ 4740.05	\$
ICF DDH	10	290	47,400.50	163.45	.325	4740.05	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	390	5,649	\$ 75,211.88	\$ 13.31	6.333	\$ 192.85	\$
HOSPITAL BASED	89	313	8,703.74	27.81	.351	97.79	
INDEPENDENT FACILITY	302	5,336	66,508.14	12.46	5.982	220.23	
@LABORATORY FACILITY	68	260	\$ 3,100.79	\$ 11.93	.291	\$ 45.60	\$
PATHOLOGY	67	259	3,082.69	11.90	.290	46.01	
XO AND OTHERS	1	1	18.10	18.10	.001	18.10	
@ORGANIZED OUTPATIENT CLINIC	16,423	41,906	\$ 8,459,546.47	\$ 201.87	46.980	\$ 515.10	\$
CLINIC	15	42	1,538.39	36.63	.047	102.56	

SURGICENTER	1	1	82.42	82.42	.001	82.42
HEROIN DETOX CLINIC	2	26	315.88	12.15	.029	157.94
RURAL HEALTH CLINIC	16,407	41,837	8,457,609.78	202.16	46.902	515.49

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SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

892 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	5,610	203,775	\$ 1,624,868.71	\$ 7.97	228.447	\$ 289.64	\$
DURABLE MED. EQUIP.	167	770	149,699.18	194.41	.863	896.40	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	8	13	2,101.54	161.66	.015	262.69	
MEDICAL TRANSPORTATION	63	1,637	27,421.68	16.75	1.835	435.26	
AMBULANCES/AIR TRANS	62	1,616	16,258.36	10.06	1.812	262.23	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	21	21	11,163.32	531.59	.024	531.59	
ACUPUNCTURE	2	4	59.10	14.78	.004	29.55	
ADULT DAY HEALTH CARE CTR	9	59	4,126.10	69.93	.066	458.46	
GENETIC DISEASE TESTING	44	44	4,620.00	105.00	.049	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,236	18,046	873,293.80	48.39	20.231	706.55	
OCCUPATIONAL THERAPIST	7	86	1,025.21	11.92	.096	146.46	
OPTICIAN	1,900	4,459	44,504.61	9.98	4.999	23.42	
PHYSICAL THERAPIST	2	14	237.98	17.00	.016	118.99	
PORTABLE X-RAY	2	4	61.28	15.32	.004	30.64	
PROSTHETIST/ORTHOTISTS	19	86	13,765.14	160.06	.096	724.48	
PROSTHETICS	19	86	13,765.14	160.06	.096	724.48	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	35	81	3,636.27	44.89	.091	103.89	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	1,977	40,396	258,559.38	6.40	45.287	130.78	
EPSDT SUPPLEMENTAL SERVICE	14	5,872	155,645.29	26.51	6.583	11117.52	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	

ALL OTHER PROVIDERS	266	132,204		86,112.15		.65	148.211	323.73	
@CALIF. CHILDREN SERVICES*	2,825	184,561	\$	3,436,702.51	\$	18.62	206.907	\$ 1216.53	\$
@XOVER EXCLUDING STATE HOSP**	243	350	\$	130,411.51	\$	372.60	.392	\$ 536.67	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	793	2,971	\$ 1,088,678.11	\$ 366.43	78.184	\$ 1372.86	\$ 2
@PHYSICIANS SERVICES	164	1,146	\$ 131,750.58	\$ 114.97	30.158	\$ 803.36	\$
OUTPATIENT VISITS	86	106	6,981.88	65.87	2.789	81.18	
OFFICE VISITS	66	82	5,663.14	69.06	2.158	85.81	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	3	4	394.71	98.68	.105	131.57	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	18	20	924.03	46.20	.526	51.34	
INPATIENT VISITS	39	431	67,826.97	157.37	11.342	1739.15	
HOSPITAL VISITS	26	85	5,676.52	66.78	2.237	218.33	
CRITICAL CARE	26	346	62,150.45	179.63	9.105	2390.40	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	4	6	341.97	57.00	.158	85.49	
EXAMINATIONS	4	6	341.97	57.00	.158	85.49	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	24	154	23,791.63	154.49	4.053	991.32	
PRINCIPAL SURGEON	18	28	18,329.56	654.63	.737	1018.31	
ASSISTANT SURGEON	3	3	1,290.90	430.30	.079	430.30	
ANESTHESIOLOGIST	11	123	4,171.17	33.91	3.237	379.20	
OUTPATIENT SURGERY	9	13	2,138.62	164.51	.342	237.62	
PRINCIPAL SURGEON	8	10	1,956.21	195.62	.263	244.53	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	3	182.41	60.80	.079	182.41	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	3	4	194.75	48.69	.105	64.92	
RADIOLOGY	41	146	4,941.76	33.85	3.842	120.53	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	81	286	25,533.00	89.28	7.526	315.22	
@PHARMACY	21	78	\$ 2,858.68	\$ 36.65	2.053	\$ 136.13	\$
PRESCRIPTION DRUGS	18	36	4,030.67	111.96	.947	223.93	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	18	36	4,030.67	111.96	.947	223.93	
MEDICAL SUPPLIES	6	42	1,171.99CR	27.90CR	1.105	195.33CR	
@DENTIST	2	4	\$ 120.00	\$ 30.00	.105	\$ 60.00	\$
VISITS - DIAGNOSTIC	2	4	120.00	30.00	.105	60.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	

PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY

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FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	5	16	\$ 1,153.03	\$ 72.06	.421	\$ 230.61	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	101	490	\$ 846,340.03	\$ 1727.22	12.895	\$ 8379.60	\$ 2
HOSP INPATIENT TOTAL	35	307	839,973.38	2736.07	8.079	23999.24	2
HSC HOSPITALS	33	294	818,117.00	2782.71	7.737	24791.42	2
NON-HSC HOSPITAL TOTAL	3	13	21,856.38	1681.26	.342	7285.46	
ACCOMMODATIONS	3	13	8,827.92	679.07	.342	2942.64	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	3	13	8,827.92	679.07	.342	2942.64	
ANCILLARIES	3	0	13,028.46	.00	.000	4342.82	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	72	183	6,366.65	34.79	4.816	88.43	
MEDICAL	23	32	1,291.52	40.36	.842	56.15	
SURGERY	1	1	98.89	98.89	.026	98.89	
PATHOLOGY	15	60	1,079.47	17.99	1.579	71.96	
RADIOLOGY	5	5	452.55	90.51	.132	90.51	
ROOM USE	37	49	1,895.87	38.69	1.289	51.24	
CROSSOVERS/ALL OTH OUTPTNT	18	36	1,548.35	43.01	.947	86.02	
@COUNTY HOSPITAL TOTAL	2	6	\$ 337.13	\$ 56.19	.158	\$ 168.57	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	2	6	337.13	56.19	.158	168.57
MEDICAL	1	2	194.11	97.06	.053	194.11
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	1	1	58.47	58.47	.026	58.47
CROSSOVERS/ALL OTH OUTPTNT	2	3	84.55	28.18	.079	42.28

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	99	484	\$ 846,002.90	\$ 1747.94	12.737	\$ 8545.48	\$ 2
COMM HOSP INPATIENT TOTAL	35	307	839,973.38	2736.07	8.079	23999.24	2
HSC HOSPITALS	33	294	818,117.00	2782.71	7.737	24791.42	2
NON-HSC HOSPITALS TOTAL	3	13	21,856.38	1681.26	.342	7285.46	
ACCOMMODATIONS	3	13	8,827.92	679.07	.342	2942.64	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	3	13	8,827.92	679.07	.342	2942.64	
ANCILLARIES	3	0	13,028.46	.00	.000	4342.82	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	70	177	6,029.52	34.07	4.658	86.14	
MEDICAL	22	30	1,097.41	36.58	.789	49.88	
SURGERY	1	1	98.89	98.89	.026	98.89	
PATHOLOGY	15	60	1,079.47	17.99	1.579	71.96	
RADIOLOGY	5	5	452.55	90.51	.132	90.51	
ROOM USE	36	48	1,837.40	38.28	1.263	51.04	
CROSSOVERS/ALL OTH OUTPTNT	16	33	1,463.80	44.36	.868	91.49	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	36	233	\$ 4,801.39	\$ 20.61	6.132	\$ 133.37	\$
HOSPITAL BASED	32	159	3,664.21	23.05	4.184	114.51	
INDEPENDENT FACILITY	4	74	1,137.18	15.37	1.947	284.30	

@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	534	778	\$	99,944.68	\$	128.46	20.474	\$	187.16	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	534	778		99,944.68		128.46	20.474		187.16	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS      AID CODES 47 69

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	13	226	\$ 1,709.72	\$ 7.57	5.947	\$ 131.52	\$
DURABLE MED. EQUIP.	2	5	134.74	26.95	.132	67.37	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	6	212	1,316.43	6.21	5.579	219.41	
AMBULANCES/AIR TRANS	6	211	1,306.55	6.19	5.553	217.76	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	9.88	9.88	.026	9.88	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	1	3	68.92	22.97	.079	68.92	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	4	170.49	42.62	.105	85.25	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2	2	19.14	9.57	.053	9.57	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	250	2,336	\$ 987,934.23	\$ 422.92	61.474	\$ 3951.74	\$ 2
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

6,417 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	6,321	37,166	\$ 5,914,377.56	\$ 159.13	5.792	\$ 935.67	\$
@PHYSICIANS SERVICES	3,325	9,432	\$ 822,795.30	\$ 87.23	1.470	\$ 247.46	\$



OUTPATIENT VISITS	1,369	2,481	172,447.84	69.51	.387	125.97
OFFICE VISITS	280	310	14,346.25	46.28	.048	51.24
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	220	247	17,097.56	69.22	.038	77.72
PREVENTIVE CARE	5	5	205.37	41.07	.001	41.07
OB VISITS/COMPRE PERI	1,006	1,913	140,577.47	73.49	.298	139.74
OTHER OUTPATIENT	6	6	221.19	36.87	.001	36.87
INPATIENT VISITS	557	1,371	93,751.83	68.38	.214	168.32
HOSPITAL VISITS	511	969	41,615.75	42.95	.151	81.44
CRITICAL CARE	82	402	52,136.08	129.69	.063	635.81
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	781	1,885	402,824.31	213.70	.294	515.78
PRINCIPAL SURGEON	514	560	326,553.53	583.13	.087	635.32
ASSISTANT SURGEON	124	124	22,053.50	177.85	.019	177.85
ANESTHESIOLOGIST	230	1,201	54,217.28	45.14	.187	235.73
OUTPATIENT SURGERY	304	525	28,226.45	53.76	.082	92.85
PRINCIPAL SURGEON	280	423	24,058.13	56.88	.066	85.92
ASSISTANT SURGEON	2	2	373.00	186.50	.000	186.50
ANESTHESIOLOGIST	37	100	3,795.32	37.95	.016	102.58
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	485	955	11,905.00	12.47	.149	24.55
RADIOLOGY	1,339	1,646	86,410.03	52.50	.257	64.53
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	68	122	2,916.04	23.90	.019	42.88
OTHER SERVICES/ALL X-OVERS	348	447	24,313.80	54.39	.070	69.87
@PHARMACY	1,499	3,096	76,873.13	24.83	.482	51.28
PRESCRIPTION DRUGS	1,433	2,819	56,117.14	19.91	.439	39.16
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	1,433	2,819	56,117.14	19.91	.439	39.16
MEDICAL SUPPLIES	138	277	20,755.99	74.93	.043	150.41
@DENTIST	11	32	302.00	9.44	.005	27.45
VISITS - DIAGNOSTIC	11	30	217.00	7.23	.005	19.73
ORAL SURGERY	1	1	85.00	85.00	.000	85.00

DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	1	1	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

6,417 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	98	132	\$	6,984.04	\$ 52.91	.021	\$ 71.27	\$
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	51	975	\$	18,509.44	\$ 18.98	.152	\$ 362.93	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	1,871	9,055	\$	4,112,762.32	\$ 454.20	1.411	\$ 2198.16	\$
HOSP INPATIENT TOTAL	656	2,875		3,956,778.60	1376.27	.448	6031.67	
HSC HOSPITALS	174	513		1,000,908.27	1951.09	.080	5752.35	
NON-HSC HOSPITAL TOTAL	483	2,362		2,955,870.33	1251.43	.368	6119.81	
ACCOMMODATIONS	483	2,362		1,021,374.71	432.42	.368	2114.65	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	483	2,362		1,021,374.71	432.42	.368	2114.65	
ANCILLARIES	483	0		1,934,495.62	.00	.000	4005.17	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1,552	6,180		155,983.72	25.24	.963	100.50	
MEDICAL	58	69		2,565.70	37.18	.011	44.24	
SURGERY	184	224		7,574.92	33.82	.035	41.17	
PATHOLOGY	735	2,098		24,063.82	11.47	.327	32.74	
RADIOLOGY	400	466		32,194.54	69.09	.073	80.49	
ROOM USE	550	797		35,209.20	44.18	.124	64.02	
CROSSOVERS/ALL OTH OUTPTNT	756	2,526		54,375.54	21.53	.394	71.93	
@COUNTY HOSPITAL TOTAL	23	142	\$	27,701.87	\$ 195.08	.022	\$ 1204.43	\$
CO HOSPITAL INPATIENT TOTAL	6	20		22,700.10	1135.01	.003	3783.35	

HSC HOSPITALS	6	20	22,700.10	1135.01	.003	3783.35
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	23	122	5,001.77	41.00	.019	217.47
MEDICAL	4	5	117.05	23.41	.001	29.26
SURGERY	3	8	169.94	21.24	.001	56.65
PATHOLOGY	12	31	465.05	15.00	.005	38.75
RADIOLOGY	1	1	135.29	135.29	.000	135.29
ROOM USE	15	33	1,236.54	37.47	.005	82.44
CROSSOVERS/ALL OTH OUTPTNT	17	44	2,877.90	65.41	.007	169.29

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT      AID CODES 44 48 49

6,417 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	1,848	8,913	\$ 4,085,060.45	\$ 458.33	1.389	\$ 2210.53	\$
COMM HOSP INPATIENT TOTAL	650	2,855	3,934,078.50	1377.96	.445	6052.43	
HSC HOSPITALS	168	493	978,208.17	1984.20	.077	5822.67	
NON-HSC HOSPITALS TOTAL	483	2,362	2,955,870.33	1251.43	.368	6119.81	
ACCOMMODATIONS	483	2,362	1,021,374.71	432.42	.368	2114.65	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	483	2,362	1,021,374.71	432.42	.368	2114.65	
ANCILLARIES	483	0	1,934,495.62	.00	.000	4005.17	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1,529	6,058	150,981.95	24.92	.944	98.75	
MEDICAL	54	64	2,448.65	38.26	.010	45.35	
SURGERY	181	216	7,404.98	34.28	.034	40.91	
PATHOLOGY	723	2,067	23,598.77	11.42	.322	32.64	
RADIOLOGY	399	465	32,059.25	68.94	.072	80.35	
ROOM USE	535	764	33,972.66	44.47	.119	63.50	
CROSSOVERS/ALL OTH OUTPTNT	739	2,482	51,497.64	20.75	.387	69.69	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$

HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	1,680	5,173	\$	60,362.94	\$	11.67	.806	35.93	\$
PATHOLOGY	1,679	5,172		60,315.74		11.66	.806	35.92	
XO AND OTHERS	1	1		47.20		47.20	.000	47.20	
@ORGANIZED OUTPATIENT CLINIC	1,750	8,644	\$	786,598.10	\$	91.00	1.347	449.48	\$
CLINIC	585	3,161		80,826.48		25.57	.493	138.16	
SURGICENTER	1	1		70.00		70.00	.000	70.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	1,171	5,482		705,701.62		128.73	.854	602.65	

#CALIF DEPT OF HEALTH SERV MOP024  
 SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

6,417 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@ALL OTHER PROVIDERS	269	627	\$ 29,190.29	\$ 46.56	.098	\$ 108.51	\$
DURABLE MED. EQUIP.	1	30	142.50	4.75	.005	142.50	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	24	353	3,451.79	9.78	.055	143.82	
AMBULANCES/AIR TRANS	24	348	3,406.34	9.79	.054	141.93	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	5	5	45.45	9.09	.001	9.09	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	244	244	25,596.00	104.90	.038	104.90	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	27	275	\$ 150,945.48	\$ 548.89	.043	\$ 5590.57	\$
@XOVER EXCLUDING STATE HOSP**	3	6	\$ 249.67	\$ 41.61	.001	\$ 83.22	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024  
 SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	105	305	\$ 37,738.68	\$ 123.73	2.563	\$ 359.42	\$
@PHYSICIANS SERVICES	48	125	\$ 5,451.13	\$ 43.61	1.050	\$ 113.57	\$
OUTPATIENT VISITS	33	35	1,625.56	46.44	.294	49.26	
OFFICE VISITS	12	13	367.24	28.25	.109	30.60	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	6	6	290.64	48.44	.050	48.44	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	16	16	967.68	60.48	.134	60.48	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	6	20	1,786.63	89.33	.168	297.77	
HOSPITAL VISITS	6	11	633.79	57.62	.092	105.63	
CRITICAL CARE	1	9	1,152.84	128.09	.076	1152.84	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	6	7	278.99	39.86	.059	46.50	
PRINCIPAL SURGEON	6	7	278.99	39.86	.059	46.50	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	8	40	90.69	2.27	.336	11.34	
RADIOLOGY	2	5	172.88	34.58	.042	86.44	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	2	2	115.52	57.76	.017	57.76	
OTHER SERVICES/ALL X-OVERS	6	16	1,380.86	86.30	.134	230.14	
@PHARMACY	23	34	\$ 1,112.81	\$ 32.73	.286	\$ 48.38	\$
PRESCRIPTION DRUGS	23	32	898.07	28.06	.269	39.05	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	23	32	898.07	28.06	.269	39.05	
MEDICAL SUPPLIES	1	2	214.74	107.37	.017	214.74	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

PA

## SANTA CRUZ COUNTY

## SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C F
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	5	5	\$ 240.11	\$ 48.02	.042	\$ 48.02	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	1	6	\$ 102.53	\$ 17.09	.050	\$ 102.53	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	15	59	\$ 27,265.55	\$ 462.13	.496	\$ 1817.70	\$
HOSP INPATIENT TOTAL	2	20	26,732.00	1336.60	.168	13366.00	
HSC HOSPITALS	2	20	26,732.00	1336.60	.168	13366.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	13	39	533.55	13.68	.328	41.04	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	5	10	90.33	9.03	.084	18.07	

RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	4	5	170.50	34.10	.042	42.63
CROSSOVERS/ALL OTH OUTPTNT	10	24	272.72	11.36	.202	27.27
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM      AID CODE 76

119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	15	59	\$ 27,265.55	\$ 462.13	.496	\$ 1817.70	\$
COMM HOSP INPATIENT TOTAL	2	20	26,732.00	1336.60	.168	13366.00	
HSC HOSPITALS	2	20	26,732.00	1336.60	.168	13366.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	13	39	533.55	13.68	.328	41.04	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	5	10	90.33	9.03	.084	18.07	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	4	5	170.50	34.10	.042	42.63	
CROSSOVERS/ALL OTH OUTPTNT	10	24	272.72	11.36	.202	27.27	
@STATE HOSPITAL	0	0	.00	.00	.000	.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	.00	.00	.000	.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	

@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	16	23	\$	480.97	\$	20.91	.193	\$	30.06	\$
PATHOLOGY	16	23		480.97		20.91	.193		30.06	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	18	53	\$	3,085.58	\$	58.22	.445	\$	171.42	\$
CLINIC	7	35		727.37		20.78	.294		103.91	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	11	18		2,358.21		131.01	.151		214.38	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005									PA
MOP024	FEE-FOR-SERVICE/DENTAL									
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM									
	AID CODE 76									

	119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	0	0		.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	2	41	\$	26,398.33	\$ 643.86	.345	\$ 13199.17	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;								



THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	6,574 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS		7,219	40,442	\$ 7,040,794.35	\$ 174.10	6.152	\$ 975.31	\$
@PHYSICIANS SERVICES		3,537	10,703	\$ 959,997.01	\$ 89.69	1.628	\$ 271.42	\$
OUTPATIENT VISITS		1,488	2,622	181,055.28	69.05	.399	121.68	
OFFICE VISITS		358	405	20,376.63	50.31	.062	56.92	
HOME VISITS		0	0	.00	.00	.000	.00	
EMERGENCY ROOM		229	257	17,782.91	69.19	.039	77.65	
PREVENTIVE CARE		5	5	205.37	41.07	.001	41.07	
OB VISITS/COMPRE PERI		1,022	1,929	141,545.15	73.38	.293	138.50	
OTHER OUTPATIENT		24	26	1,145.22	44.05	.004	47.72	
INPATIENT VISITS		602	1,822	163,365.43	89.66	.277	271.37	
HOSPITAL VISITS		543	1,065	47,926.06	45.00	.162	88.26	
CRITICAL CARE		109	757	115,439.37	152.50	.115	1059.08	
SNF/ICF/TRANS IP CARE		0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES		4	6	341.97	57.00	.001	85.49	
EXAMINATIONS		4	6	341.97	57.00	.001	85.49	
SERVICES AND MATERIALS		0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY		805	2,039	426,615.94	209.23	.310	529.96	
PRINCIPAL SURGEON		532	588	344,883.09	586.54	.089	648.28	
ASSISTANT SURGEON		127	127	23,344.40	183.81	.019	183.81	
ANESTHESIOLOGIST		241	1,324	58,388.45	44.10	.201	242.28	
OUTPATIENT SURGERY		319	545	30,644.06	56.23	.083	96.06	
PRINCIPAL SURGEON		294	440	26,293.33	59.76	.067	89.43	
ASSISTANT SURGEON		2	2	373.00	186.50	.000	186.50	
ANESTHESIOLOGIST		38	103	3,977.73	38.62	.016	104.68	
DIALYSIS		0	0	.00	.00	.000	.00	
PATHOLOGY		496	999	12,190.44	12.20	.152	24.58	
RADIOLOGY		1,382	1,797	91,524.67	50.93	.273	66.23	
PSYCHIATRY		0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION		70	124	3,031.56	24.45	.019	43.31	
OTHER SERVICES/ALL X-OVERS		435	749	51,227.66	68.39	.114	117.76	
@PHARMACY		1,543	3,208	\$ 80,844.62	\$ 25.20	.488	\$ 52.39	\$
PRESCRIPTION DRUGS		1,474	2,887	61,045.88	21.15	.439	41.42	
SNF/ICF		0	0	.00	.00	.000	.00	
OUTPATIENTS		1,474	2,887	61,045.88	21.15	.439	41.42	
MEDICAL SUPPLIES		145	321	19,798.74	61.68	.049	136.54	
@DENTIST		13	36	\$ 422.00	\$ 11.72	.005	\$ 32.46	\$
VISITS - DIAGNOSTIC		13	34	337.00	9.91	.005	25.92	
ORAL SURGERY		1	1	85.00	85.00	.000	85.00	
DRUGS		0	0	.00	.00	.000	.00	
ANESTHESIA		0	0	.00	.00	.000	.00	
PERIODONTICS		0	0	.00	.00	.000	.00	
ENDODONTICS		0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY		1	1	.00	.00	.000	.00	
PROSTHETICS		0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES		0	0	.00	.00	.000	.00	
SPACE MAINTAINERS		0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES		0	0	.00	.00	.000	.00	

FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76					
----- MONTHLY AVERAGE -----						
6,574 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	108	153	\$ 8,377.18	\$ 54.75	.023	\$ 77.57
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE MIDWIFE	52	981	\$ 18,611.97	\$ 18.97	.149	\$ 357.92
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00
@TOTAL HOSPITAL	1,987	9,604	\$ 4,986,367.90	\$ 519.20	1.461	\$ 2509.50
HOSP INPATIENT TOTAL	693	3,202	4,823,483.98	1506.40	.487	6960.29
HSC HOSPITALS	209	827	1,845,757.27	2231.87	.126	8831.37
NON-HSC HOSPITAL TOTAL	486	2,375	2,977,726.71	1253.78	.361	6127.01
ACCOMMODATIONS	486	2,375	1,030,202.63	433.77	.361	2119.76
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	486	2,375	1,030,202.63	433.77	.361	2119.76
ANCILLARIES	486	0	1,947,524.08	.00	.000	4007.25
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	1,637	6,402	162,883.92	25.44	.974	99.50
MEDICAL	81	101	3,857.22	38.19	.015	47.62
SURGERY	185	225	7,673.81	34.11	.034	41.48
PATHOLOGY	755	2,168	25,233.62	11.64	.330	33.42
RADIOLOGY	405	471	32,647.09	69.31	.072	80.61
ROOM USE	591	851	37,275.57	43.80	.129	63.07
CROSSOVERS/ALL OTH OUTPTNT	784	2,586	56,196.61	21.73	.393	71.68
@COUNTY HOSPITAL TOTAL	25	148	\$ 28,039.00	\$ 189.45	.023	\$ 1121.56
CO HOSPITAL INPATIENT TOTAL	6	20	22,700.10	1135.01	.003	3783.35
HSC HOSPITALS	6	20	22,700.10	1135.01	.003	3783.35
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00

CO HOSP OUTPATIENT TOTAL	25	128	5,338.90	41.71	.019	213.56
MEDICAL	5	7	311.16	44.45	.001	62.23
SURGERY	3	8	169.94	21.24	.001	56.65
PATHOLOGY	12	31	465.05	15.00	.005	38.75
RADIOLOGY	1	1	135.29	135.29	.000	135.29
ROOM USE	16	34	1,295.01	38.09	.005	80.94
CROSSOVERS/ALL OTH OUTPTNT	19	47	2,962.45	63.03	.007	155.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76					
----- MONTHLY AVERAGE -						
6,574 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	1,962	9,456	\$ 4,958,328.90	\$ 524.36	1.438	\$ 2527.18
COMM HOSP INPATIENT TOTAL	687	3,182	4,800,783.88	1508.73	.484	6988.04
HSC HOSPITALS	203	807	1,823,057.17	2259.05	.123	8980.58
NON-HSC HOSPITALS TOTAL	486	2,375	2,977,726.71	1253.78	.361	6127.01
ACCOMMODATIONS	486	2,375	1,030,202.63	433.77	.361	2119.76
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	486	2,375	1,030,202.63	433.77	.361	2119.76
ANCILLARIES	486	0	1,947,524.08	.00	.000	4007.25
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	1,612	6,274	157,545.02	25.11	.954	97.73
MEDICAL	76	94	3,546.06	37.72	.014	46.66
SURGERY	182	217	7,503.87	34.58	.033	41.23
PATHOLOGY	743	2,137	24,768.57	11.59	.325	33.34
RADIOLOGY	404	470	32,511.80	69.17	.071	80.47
ROOM USE	575	817	35,980.56	44.04	.124	62.57
CROSSOVERS/ALL OTH OUTPTNT	765	2,539	53,234.16	20.97	.386	69.59
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	36	233	\$	4,801.39	\$	20.61	.035	\$	133.37 \$
HOSPITAL BASED	32	159		3,664.21		23.05	.024		114.51
INDEPENDENT FACILITY	4	74		1,137.18		15.37	.011		284.30
@LABORATORY FACILITY	1,696	5,196	\$	60,843.91	\$	11.71	.790	\$	35.87 \$
PATHOLOGY	1,695	5,195		60,796.71		11.70	.790		35.87
XO AND OTHERS	1	1		47.20		47.20	.000		47.20
@ORGANIZED OUTPATIENT CLINIC	2,302	9,475	\$	889,628.36	\$	93.89	1.441	\$	386.46 \$
CLINIC	592	3,196		81,553.85		25.52	.486		137.76
SURGICENTER	1	1		70.00		70.00	.000		70.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	1,716	6,278		808,004.51		128.70	.955		470.87
#CALIF DEPT OF HEALTH SERV									
MOP024									
SANTA CRUZ COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

	6,574 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	282	853	\$	30,900.01	\$ 36.23	.130	\$ 109.57	\$
DURABLE MED. EQUIP.	3	35		277.24	7.92	.005	92.41	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	30	565		4,768.22	8.44	.086	158.94	
AMBULANCES/AIR TRANS	30	559		4,712.89	8.43	.085	157.10	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	6	6		55.33	9.22	.001	9.22	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	244	244		25,596.00	104.90	.037	104.90	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	1	3		68.92	22.97	.000	68.92	
OPTICIAN	0	0		.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	4		170.49	42.62	.001	85.25	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2	2		19.14	9.57	.000	9.57	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	

PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	279	2,652	\$ 1,165,278.04	\$ 439.40	.403	\$ 4176.62
@XOVER EXCLUDING STATE HOSP**	3	6	\$ 249.67	\$ 41.61	.001	\$ 83.22

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	269	1,972	\$ 111,791.23	\$ 56.69	.000	\$ 415.58	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	59	445	\$ 12,732.56	\$ 28.61	.000	\$ 215.81	\$
PRESCRIPTION DRUGS	58	82	12,570.83	153.30	.000	216.74	
SNF/ICF	10	15	1,987.38	132.49	.000	198.74	
OUTPATIENTS	48	67	10,583.45	157.96	.000	220.49	
MEDICAL SUPPLIES	1	363	161.73	.45	.000	161.73	
@DENTIST	42	182	\$ 8,214.00	\$ 45.13	.000	\$ 195.57	\$
VISITS - DIAGNOSTIC	27	98	1,156.50	11.80	.000	42.83	
ORAL SURGERY	4	20	718.00	35.90	.000	179.50	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	3	3	200.00	66.67	.000	66.67	
PERIODONTICS	5	5	472.00	94.40	.000	94.40	
ENDODONTICS	3	8	1,990.00	248.75	.000	663.33	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C
RESTORATIVE DENTISTRY	8	16	850.50	53.16	.000	106.31	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	8	30	2,827.00	94.23	.000	353.38	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	2	2	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA MOP024      FEE-FOR-SERVICE/DENTAL SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED      AID CODE 16							
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	0	0	\$ 1,752.00CR	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	1,752.00CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	1,752.00CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	

TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA							
MOP024      FEE-FOR-SERVICE/DENTAL							
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - AGED      AID CODE 16							
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ 1,752.00CR	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	1,752.00CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	1,752.00CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	76	376	\$ 47,313.37	\$ 125.83	.000	\$ 622.54
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	76	376	47,313.37	125.83	.000	622.54

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
MOP024 FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	120	969	\$ 45,283.30	\$ 46.73	.000	\$ 377.36	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	87	891	44,531.04	49.98	.000	511.85	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	31	76	734.41	9.66	.000	23.69	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	



HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	2	2	17.85	8.93	.000	8.93
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 1,734.15CR	\$ 867.08CR	.000	\$ 867.08CR

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA

MOP024      FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - BLIND      AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@TOTAL, ALL PROVIDERS	6	14	\$ 709.80	\$ 50.70	.000	\$ 118.30	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	3	11	\$ 126.00	\$ 11.45	.000	\$ 42.00	\$
VISITS - DIAGNOSTIC	3	11	126.00	11.45	.000	42.00	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA MOP024      FEE-FOR-SERVICE/DENTAL SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND      AID CODES 26 6A							
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA						
MOP024      FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - BLIND      AID CODES 26 6A						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00

@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	3	3	\$	583.80	\$	194.60	.000	\$	194.60	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	3	3		583.80		194.60	.000		194.60	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND      AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL

## SANTA CRUZ COUNTY

## SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@TOTAL, ALL PROVIDERS	561	5,762	\$ 349,382.51	\$ 60.64	.000	\$ 622.79	\$
@PHYSICIANS SERVICES	3	3	\$ 69.66	\$ 23.22	.000	\$ 23.22	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	3	3	69.66	23.22	.000	23.22	
@PHARMACY	337	4,443	\$ 231,920.21	\$ 52.20	.000	\$ 688.19	\$
PRESCRIPTION DRUGS	323	706	230,147.06	325.99	.000	712.53	

SNF/ICF	7	47		4,068.63	86.57	.000	581.23	
OUTPATIENTS	316	659		226,078.43	343.06	.000	715.44	
MEDICAL SUPPLIES	14	3,737		1,773.15	.47	.000	126.65	
@DENTIST	45	212	\$	5,491.25	25.90	.000	122.03	\$
VISITS - DIAGNOSTIC	37	143		1,412.25	9.88	.000	38.17	
ORAL SURGERY	5	23		1,955.00	85.00	.000	391.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	4	4		409.00	102.25	.000	102.25	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	11	25		1,715.00	68.60	.000	155.91	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	3	17		.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	2	0	\$ 1,824.00	\$ .00	.000	\$ 912.00	\$
HOSP INPATIENT TOTAL	2	0	1,824.00	.00	.000	912.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	2	0	1,824.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	

PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00 \$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C					
					----- MONTHLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	2	0 \$	1,824.00	\$ .00	.000	\$ 912.00 \$
COMM HOSP INPATIENT TOTAL	2	0	1,824.00	.00	.000	912.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	2	0	1,824.00	.00	.000	912.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000	\$ .00 \$
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000	\$ .00 \$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00

LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00 \$
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	202	480	\$	88,579.05	\$	184.54	.000	\$ 438.51 \$
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	202	480		88,579.05		184.54	.000	438.51

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	57	624	\$ 21,498.34	\$ 34.45	.000	\$ 377.16	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	27	548	20,708.11	37.79	.000	766.97	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	28	63	674.27	10.70	.000	24.08	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	2	13	115.96	8.92	.000	57.98	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	7	16	\$ 2,009.62	\$ 125.60	.000	\$ 287.09	\$



@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      TITLE II DISREGARD - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACITOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$

LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00 \$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	
#CALIF DEPT OF HEALTH SERV									PA
MOP024									
SANTA CRUZ COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	836	7,748	\$ 461,883.54	\$ 59.61	.000	\$ 552.49	\$
@PHYSICIANS SERVICES	3	3	\$ 69.66	\$ 23.22	.000	\$ 23.22	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	3	3	69.66	23.22	.000	23.22	
@PHARMACY	396	4,888	\$ 244,652.77	\$ 50.05	.000	\$ 617.81	\$
PRESCRIPTION DRUGS	381	788	242,717.89	308.02	.000	637.05	
SNF/ICF	17	62	6,056.01	97.68	.000	356.24	
OUTPATIENTS	364	726	236,661.88	325.98	.000	650.17	
MEDICAL SUPPLIES	15	4,100	1,934.88	.47	.000	128.99	
@DENTIST	90	405	\$ 13,831.25	\$ 34.15	.000	\$ 153.68	\$
VISITS - DIAGNOSTIC	67	252	2,694.75	10.69	.000	40.22	
ORAL SURGERY	9	43	2,673.00	62.16	.000	297.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	3	3	200.00	66.67	.000	66.67	
PERIODONTICS	9	9	881.00	97.89	.000	97.89	

ENDODONTICS	3	8	1,990.00	248.75	.000	663.33
RESTORATIVE DENTISTRY	19	41	2,565.50	62.57	.000	135.03
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	8	30	2,827.00	94.23	.000	353.38
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	5	19	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	2	0	\$ 72.00	\$ .00	.000	\$ 36.00	\$
HOSP INPATIENT TOTAL	2	0	72.00	.00	.000	36.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	2	0	72.00	.00	.000	36.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	C E
@COMMUNITY HOSPITAL TOTAL	2	0	\$ 72.00	\$ .00	.000 \$ 36.00	\$
COMM HOSP INPATIENT TOTAL	2	0	72.00	.00	.000 36.00	
HSC HOSPITALS	0	0	.00	.00	.000 .00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00	
ACCOMMODATIONS	0	0	.00	.00	.000 .00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
ALL OTHER ACCOM	0	0	.00	.00	.000 .00	
ANCILLARIES	0	0	.00	.00	.000 .00	
INPATIENT CROSSOVERS	2	0	72.00	.00	.000 36.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00	
MEDICAL	0	0	.00	.00	.000 .00	
SURGERY	0	0	.00	.00	.000 .00	
PATHOLOGY	0	0	.00	.00	.000 .00	
RADIOLOGY	0	0	.00	.00	.000 .00	
ROOM USE	0	0	.00	.00	.000 .00	

CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	\$ .00
MENTALLY ILL	0	0		.00		.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	\$ .00
LEV A-INTERMEDIATE	0	0		.00		.00	.00
LEV B-REHAB MD	0	0		.00		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.00
LEV B-REGULAR	0	0		.00		.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$ .00
ICF DDH	0	0		.00		.00	.00
ICF DD	0	0		.00		.00	.00
ICF DDN/DDCN	0	0		.00		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$ .00
HOSPITAL BASED	0	0		.00		.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$ .00
PATHOLOGY	0	0		.00		.00	.00
XO AND OTHERS	0	0		.00		.00	.00
@ORGANIZED OUTPATIENT CLINIC	281	859	\$	136,476.22	\$	158.88	\$ 485.68
CLINIC	0	0		.00		.00	.00
SURGICENTER	0	0		.00		.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.00
RURAL HEALTH CLINIC	281	859		136,476.22		158.88	485.68

#CALIF DEPT OF HEALTH SERV MOP024  
 SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@ALL OTHER PROVIDERS	177	1,593	\$ 66,781.64	\$ 41.92	.000	\$ 377.30	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	114	1,439	65,239.15	45.34	.000	572.27	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	59	139	1,408.68	10.13	.000	23.88	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	



SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	4	15	133.81	8.92	.000	33.45
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00
@XOVER EXCLUDING STATE HOSP**	9	18	275.47	15.30	.000	30.61

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED      AID CODE 18

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@TOTAL, ALL PROVIDERS	467	5,342	\$ 283,754.64	\$ 53.12	5342.000	\$ 607.61	\$28
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	77	771	\$ 20,387.15	\$ 26.44	771.000	\$ 264.77	\$ 2
PRESCRIPTION DRUGS	75	122	20,280.12	166.23	122.000	270.40	2
SNF/ICF	1	5	153.20	30.64	5.000	153.20	
OUTPATIENTS	74	117	20,126.92	172.02	117.000	271.99	2
MEDICAL SUPPLIES	2	649	107.03	.16	649.000	53.52	
@DENTIST	45	189	\$ 9,205.40	\$ 48.71	189.000	\$ 204.56	\$

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C F
VISITS - DIAGNOSTIC	35	93	1,238.40	13.32	93.000	35.38	
ORAL SURGERY	8	51	3,197.00	62.69	51.000	399.63	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	3	3	400.00	133.33	3.000	133.33	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	8	23	940.00	40.87	23.000	117.50	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	8	17	3,430.00	201.76	17.000	428.75	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	2	2	.00	.00	2.000	.00	
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA MOP024      FEE-FOR-SERVICE/DENTAL SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED      AID CODE 18							
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	1	19	\$ 2,374.14CR	\$ 124.95CR	19.000	\$ 2374.14CR	\$
HOSP INPATIENT TOTAL	0	0	2,592.00CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	2,592.00CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1	19	217.86	11.47	19.000	217.86	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	19	217.86	11.47	19.000	217.86	

@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	0	0		.00		.00	.000		.00		
ROOM USE	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										
						AID CODE 18					
							----- MONTHLY AVERAGE -				
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER				
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER				
@COMMUNITY HOSPITAL TOTAL	1	19	\$	2,374.14CR	\$ 124.95CR	19.000	\$ 2374.14CR	\$			
COMM HOSP INPATIENT TOTAL	0	0		2,592.00CR	.00	.000	.00				
HSC HOSPITALS	0	0		.00	.00	.000	.00				
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00				
ACCOMMODATIONS	0	0		.00	.00	.000	.00				
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00				
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00				
ALL OTHER ACCOM	0	0		.00	.00	.000	.00				
ANCILLARIES	0	0		.00	.00	.000	.00				
INPATIENT CROSSOVERS	0	0		2,592.00CR	.00	.000	.00				
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00				
COMM HOSP OUTPATIENT TOTAL	1	19		217.86	11.47	19.000	217.86				
MEDICAL	0	0		.00	.00	.000	.00				
SURGERY	0	0		.00	.00	.000	.00				
PATHOLOGY	0	0		.00	.00	.000	.00				
RADIOLOGY	0	0		.00	.00	.000	.00				
ROOM USE	0	0		.00	.00	.000	.00				
CROSSOVERS/ALL OTH OUTPTNT	1	19		217.86	11.47	19.000	217.86				
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
MENTALLY ILL	0	0		.00	.00	.000	.00				
DEVELOP. DISABLED	0	0		.00	.00	.000	.00				
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00				
LEV B-REHAB MD	0	0		.00	.00	.000	.00				
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00				
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00				
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00				
LEV B-REGULAR	0	0		.00	.00	.000	.00				
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
ICF DDH	0	0		.00	.00	.000	.00				
ICF DD	0	0		.00	.00	.000	.00				

ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	116	1,146	\$	128,545.16	\$	112.17	1146.000
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	116	1,146		128,545.16	112.17	1146.000	1108.15
#CALIF DEPT OF HEALTH SERV							
MOP024							
SANTA CRUZ COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	305	3,217	\$ 127,991.07	\$ 39.79	3217.000	\$ 419.64	\$12
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	272	2,420	127,036.86	52.49	2420.000	467.05	12
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	32	74	852.79	11.52	74.000	26.65	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	2	723	101.42	.14	723.000	50.71
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00
@XOVER EXCLUDING STATE HOSP**	2	20	\$ 2,364.58CR	\$ 118.23CR	20.000	\$ 1182.29CR\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      IN HOME SUPPORT - BLIND      AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	10	36	\$ 3,980.70	\$ 110.58	.000	\$ 398.07	\$
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$

PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00
SNF/ICF	0	0		.00		.00	.000	.00
OUTPATIENTS	0	0		.00		.00	.000	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00
@DENTIST	2	11	\$	850.00	\$	77.27	.000	\$ 425.00 \$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00
ORAL SURGERY	1	7		595.00		85.00	.000	595.00
DRUGS	1	1		15.00		15.00	.000	15.00
ANESTHESIA	1	1		100.00		100.00	.000	100.00
PERIODONTICS	0	0		.00		.00	.000	.00
ENDODONTICS	0	0		.00		.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00
PROSTHETICS	0	0		.00		.00	.000	.00
DENTURES, STAYPLATES	1	2		140.00		70.00	.000	140.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND					
	AID CODE 28					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE -		C E
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00

LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	7	12	\$	2,335.20	\$	194.60	.000	\$	333.60 \$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	7	12		2,335.20		194.60	.000		333.60

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND      AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	1	13	\$ 795.50	\$ 61.19	.000	\$ 795.50	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1	13	795.50	61.19	.000	795.50	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$



@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 MOP024 FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E S
@TOTAL, ALL PROVIDERS	371	7,523	\$ 363,397.22	\$ 48.30	1880.750	\$ 979.51	\$ 9
@PHYSICIANS SERVICES	2	3	\$ 119.69	\$ 39.90	.750	\$ 59.85	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	53.69	53.69	.250	53.69	
EXAMINATIONS	1	1	53.69	53.69	.250	53.69	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	

RADIOLOGY	0	0		.00	.00	.000	.00
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	1	2		66.00	33.00	.500	66.00
@PHARMACY	173	2,062	\$	180,060.72	\$ 87.32	515.500	\$ 1040.81 \$ 4
PRESCRIPTION DRUGS	165	365		179,899.81	492.88	91.250	1090.30 4
SNF/ICF	0	0		.00	.00	.000	.00
OUTPATIENTS	165	365		179,899.81	492.88	91.250	1090.30 4
MEDICAL SUPPLIES	8	1,697		160.91	.09	424.250	20.11
@DENTIST	43	163	\$	4,002.00	\$ 24.55	40.750	\$ 93.07 \$
VISITS - DIAGNOSTIC	30	82		1,191.00	14.52	20.500	39.70
ORAL SURGERY	7	15		550.00	36.67	3.750	78.57
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	3	3		200.00	66.67	.750	66.67
PERIODONTICS	3	3		354.00	118.00	.750	118.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	7	43		917.00	21.33	10.750	131.00
PROSTHETICS	2	2		60.00	30.00	.500	30.00
DENTURES, STAYPLATES	3	7		730.00	104.29	1.750	243.33
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	1	8		.00	.00	2.000	.00

#CALIF DEPT OF HEALTH SERV MOP024  
 SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	2	5	\$ 194.23	\$ 38.85	1.250	\$ 97.12	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	

ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	2	5	194.23	38.85	1.250	97.12
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5	194.23	38.85	1.250	97.12
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED					
	AID CODE 68					
	----- MONTHLY AVERAGE -					
04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	2	5	\$ 194.23	\$ 38.85	1.250	\$ 97.12
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	2	5	194.23	38.85	1.250	97.12
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5	194.23	38.85	1.250	97.12
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00

@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	4	108	\$	1,488.39	\$	13.78	27.000	\$	372.10	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	4	108		1,488.39		13.78	27.000		372.10	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	100	536	\$	70,639.39	\$	131.79	134.000	\$	706.39	\$ 1
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	100	536		70,639.39		131.79	134.000		706.39	1

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED      AID CODE 68

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	71	4,646	\$ 106,892.80	\$ 23.01	1161.500	\$ 1505.53	\$ 2
DURABLE MED. EQUIP.	1	4	290.42	72.61	1.000	290.42	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	36	2,632	102,818.23	39.06	658.000	2856.06	2
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	28	69	706.61	10.24	17.250	25.24	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	

EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00
ALL OTHER PROVIDERS	7	1,941		3,077.54		1.59	485.250	439.65
@CALIF. CHILDREN SERVICES*	8	124	\$	5,005.95	\$	40.37	31.000	\$ 625.74
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL	

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	848	12,901	\$ 651,132.56	\$ 50.47	2580.200	\$ 767.85	\$13
@PHYSICIANS SERVICES	2	3	\$ 119.69	\$ 39.90	.600	\$ 59.85	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	53.69	53.69	.200	53.69	
EXAMINATIONS	1	1	53.69	53.69	.200	53.69	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	1	2	66.00	33.00	.400	66.00	
@PHARMACY	250	2,833	\$ 200,447.87	\$ 70.75	566.600	\$ 801.79	\$ 4
PRESCRIPTION DRUGS	240	487	200,179.93	411.05	97.400	834.08	4
SNF/ICF	1	5	153.20	30.64	1.000	153.20	
OUTPATIENTS	239	482	200,026.73	414.99	96.400	836.93	4
MEDICAL SUPPLIES	10	2,346	267.94	.11	469.200	26.79	
@DENTIST	90	363	\$ 14,057.40	\$ 38.73	72.600	\$ 156.19	\$
VISITS - DIAGNOSTIC	65	175	2,429.40	13.88	35.000	37.38	
ORAL SURGERY	16	73	4,342.00	59.48	14.600	271.38	
DRUGS	1	1	15.00	15.00	.200	15.00	
ANESTHESIA	7	7	700.00	100.00	1.400	100.00	

PERIODONTICS	3	3	354.00	118.00	.600	118.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	15	66	1,857.00	28.14	13.200	123.80
PROSTHETICS	2	2	60.00	30.00	.400	30.00
DENTURES, STAYPLATES	12	26	4,300.00	165.38	5.200	358.33
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	3	10	.00	.00	2.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR    IN HOME SUPPORT - TOTAL

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER PER ELIG      USER	C E	
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	3	24	\$ 2,179.91CR	\$ 90.83CR	4.800	\$ 726.64CR	\$
HOSP INPATIENT TOTAL	0	0	2,592.00CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	2,592.00CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	3	24	412.09	17.17	4.800	137.36	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	3	24	412.09	17.17	4.800	137.36	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL						

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	3	24	\$ 2,179.91CR	\$ 90.83CR	4.800	\$ 726.64CR	\$
COMM HOSP INPATIENT TOTAL	0	0	2,592.00CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	2,592.00CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3	24	412.09	17.17	4.800	137.36	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	

ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	3	24	412.09	17.17	4.800	137.36
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	4	108	\$ 1,488.39	\$ 13.78	21.600	\$ 372.10
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	4	108	1,488.39	13.78	21.600	372.10
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	223	1,694	\$ 201,519.75	\$ 118.96	338.800	\$ 903.68
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	223	1,694	201,519.75	118.96	338.800	903.68

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

05 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	377	7,876	\$ 235,679.37	\$ 29.92	1575.200	\$ 625.14	\$ 4
DURABLE MED. EQUIP.	1	4	290.42	72.61	.800	290.42	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	309	5,065	230,650.59	45.54	1013.000	746.44	4
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	60	143	1,559.40	10.90	28.600	25.99	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	



PSYCHOLOGIST	0	0		.00		.00	.000	.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00
ALL OTHER PROVIDERS	9	2,664		3,178.96		1.19	532.800	353.22
@CALIF. CHILDREN SERVICES*	8	124	\$	5,005.95	\$	40.37	24.800	\$ 625.74
@XOVER EXCLUDING STATE HOSP**	2	20	\$	2,364.58CR	\$	118.23CR	4.000	\$ 1182.29CR

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

57 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER	PER ELIG	USER	- C F
@TOTAL, ALL PROVIDERS	3,144	29,617	\$ 1,485,168.60	\$ 50.15	519.596	\$ 472.38	\$ 2	
@PHYSICIANS SERVICES	23	30	\$ 570.73	\$ 19.02	.526	\$ 24.81	\$	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00		
HOME VISITS	0	0	.00	.00	.000	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		
DIALYSIS	0	0	.00	.00	.000	.00		
PATHOLOGY	0	0	.00	.00	.000	.00		
RADIOLOGY	0	0	.00	.00	.000	.00		
PSYCHIATRY	0	0	.00	.00	.000	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		
OTHER SERVICES/ALL X-OVERS	23	30	570.73	19.02	.526	24.81		
@PHARMACY	583	11,515	\$ 164,834.81	\$ 14.31	202.018	\$ 282.74	\$	
PRESCRIPTION DRUGS	571	888	163,469.02	184.09	15.579	286.29		
SNF/ICF	111	162	33,137.60	204.55	2.842	298.54		
OUTPATIENTS	463	726	130,331.42	179.52	12.737	281.49		
MEDICAL SUPPLIES	14	10,627	1,365.79	.13	186.439	97.56		

@DENTIST	542	2,209	\$	89,634.70	\$	40.58	38.754	\$	165.38	\$
VISITS - DIAGNOSTIC	404	1,366		15,459.45		11.32	23.965		38.27	
ORAL SURGERY	94	332		16,361.50		49.28	5.825		174.06	
DRUGS	1	1		15.00		15.00	.018		15.00	
ANESTHESIA	24	24		2,300.00		95.83	.421		95.83	
PERIODONTICS	28	28		2,841.00		101.46	.491		101.46	
ENDODONTICS	22	31		7,105.00		229.19	.544		322.95	
RESTORATIVE DENTISTRY	92	181		11,519.00		63.64	3.175		125.21	
PROSTHETICS	6	6		200.00		33.33	.105		33.33	
DENTURES, STAYPLATES	79	197		33,833.75		171.74	3.456		428.28	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	33	43		.00		.00	.754		.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

57 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	7	17	\$ 299.70	\$ 17.63	.298	\$ 42.81	\$
DIAGNOSTIC AND ANC. PROCED	3	3	55.46	18.49	.053	18.49	
EYE APPLIANCES	5	14	244.24	17.45	.246	48.85	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	5	29	\$ 10,125.23CR	\$ 349.15CR	.509	\$ 2025.05CR	\$
HOSP INPATIENT TOTAL	0	0	10,620.00CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	10,620.00CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	5	29	494.77	17.06	.509	98.95	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	

CROSSOVERS/ALL OTH OUTPTNT	5	29		494.77		17.06		.509		98.95
@COUNTY HOSPITAL TOTAL	0	0	\$	.00		.00		.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00		.000		.00
HSC HOSPITALS	0	0		.00		.00		.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00		.000		.00
ACCOMMODATIONS	0	0		.00		.00		.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00		.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00
ALL OTHER ACCOM	0	0		.00		.00		.000		.00
ANCILLARIES	0	0		.00		.00		.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00		.000		.00
ALL OTHER INPATIENT	0	0		.00		.00		.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00		.000		.00
MEDICAL	0	0		.00		.00		.000		.00
SURGERY	0	0		.00		.00		.000		.00
PATHOLOGY	0	0		.00		.00		.000		.00
RADIOLOGY	0	0		.00		.00		.000		.00
ROOM USE	0	0		.00		.00		.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00		.000		.00

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

57 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	5	29	\$ 10,125.23CR	\$ 349.15CR	.509	\$ 2025.05CR	\$
COMM HOSP INPATIENT TOTAL	0	0	10,620.00CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	10,620.00CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	

COMM HOSP OUTPATIENT TOTAL	5	29		494.77		17.06	.509	98.95	
MEDICAL	0	0		.00		.00	.000	.00	
SURGERY	0	0		.00		.00	.000	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	
RADIOLOGY	0	0		.00		.00	.000	.00	
ROOM USE	0	0		.00		.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	5	29		494.77		17.06	.509	98.95	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	\$
MENTALLY ILL	0	0		.00		.00	.000	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	
@NURSING FACILITY	5	62	\$	9,260.32	\$	149.36	1.088	1852.06	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	5	62		9,260.32		149.36	1.088	1852.06	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	\$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	932	6,524	\$	773,138.90	\$	118.51	114.456	829.55	\$ 1
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	932	6,524		773,138.90		118.51	114.456	829.55	1

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

57 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@ALL OTHER PROVIDERS	1,359	9,231	\$ 457,554.67	\$ 49.57	161.947	\$ 336.68	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	9	59	4,126.10	69.93	1.035	458.46	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	960	7,541	443,000.07	58.75	132.298	461.46	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	383	891	9,991.64	11.21	15.632	26.09	

PHYSICAL THERAPIST	0	0		.00	.00	.000	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00
PROSTHETICS	0	0		.00	.00	.000	.00
ORTHOTICS	0	0		.00	.00	.000	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00
SPEECH AND AUDIOLOGY	1	4		174.31	43.58	.070	174.31
HOSPICE SERVICES	0	0		.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00
ALL OTHER PROVIDERS	14	736		262.55	.36	12.912	18.75
@CALIF. CHILDREN SERVICES*	1	16	\$	1,705.28	\$	106.58	.281 \$ 1705.28 \$
@XOVER EXCLUDING STATE HOSP**	45	88	\$	7,703.41CR	\$	87.54CR	1.544 \$ 171.19CR\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
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SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND		

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	360	39,364	\$ 518,108.09	\$ 13.16	3121.333	\$ 1439.19	\$17
@PHYSICIANS SERVICES	11	21	\$ 4,163.56	\$ 198.26	7.000	\$ 378.51	\$
OUTPATIENT VISITS	6	6	638.45	106.41	2.000	106.41	
OFFICE VISITS	3	3	328.05	109.35	1.000	109.35	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	2	2	246.47	123.24	.667	123.24	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	1	1	63.93	63.93	.333	63.93	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	25.96	25.96	.333	25.96	
EXAMINATIONS	1	1	25.96	25.96	.333	25.96	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	2	2,783.61	1391.81	.667	2783.61	
PRINCIPAL SURGEON	1	2	2,783.61	1391.81	.667	2783.61	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	3	7	97.85	13.98	2.333	32.62	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	5	617.69	123.54	1.667	308.85	

@PHARMACY	82	1,205	\$	30,479.15	\$	25.29	401.667	\$	371.70	\$	1
PRESCRIPTION DRUGS	77	142		28,501.94		200.72	47.333		370.16		
SNF/ICF	9	11		1,478.66		134.42	3.667		164.30		
OUTPATIENTS	68	131		27,023.28		206.28	43.667		397.40		
MEDICAL SUPPLIES	13	1,063		1,977.21		1.86	354.333		152.09		
@DENTIST	56	213	\$	8,552.45	\$	40.15	71.000	\$	152.72	\$	
VISITS - DIAGNOSTIC	37	139		2,043.30		14.70	46.333		55.22		
ORAL SURGERY	4	22		1,703.00		77.41	7.333		425.75		
DRUGS	1	1		15.00		15.00	.333		15.00		
ANESTHESIA	1	1		100.00		100.00	.333		100.00		
PERIODONTICS	1	1		.00		.00	.333		.00		
ENDODONTICS	0	0		.00		.00	.000		.00		
RESTORATIVE DENTISTRY	13	27		886.15		32.82	9.000		68.17		
PROSTHETICS	0	0		.00		.00	.000		.00		
DENTURES, STAYPLATES	10	18		3,805.00		211.39	6.000		380.50		
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		
ORTHODONTIC SERVICES	1	1		.00		.00	.333		.00		
ALL OTHER SERVICES	2	3		.00		.00	1.000		.00		
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SANTA CRUZ COUNTY				SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND							

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	1	3	\$ 42.85	\$ 14.28	1.000	\$ 42.85	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	1	3	42.85	14.28	1.000	42.85	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	1	\$ 2.88	\$ 2.88	.333	\$ 2.88	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	1	1	2.88	2.88	.333	2.88	
@HOME HEALTH AGENCY	1	5	\$ 329.57	\$ 65.91	1.667	\$ 329.57	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	6	23	\$ 27,550.56	\$ 1197.85	7.667	\$ 4591.76	\$
HOSP INPATIENT TOTAL	1	4	27,216.32	6804.08	1.333	27216.32	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	1	4	27,216.32	6804.08	1.333	27216.32	
ACCOMMODATIONS	1	4	3,066.88	766.72	1.333	3066.88	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	4	3,066.88	766.72	1.333	3066.88	
ANCILLARIES	1	0	24,149.44	.00	.000	24149.44	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	5	19	334.24	17.59	6.333	66.85	

MEDICAL	1	1	57.11	57.11	.333	57.11
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	3	11	144.07	13.10	3.667	48.02
RADIOLOGY	1	1	18.71	18.71	.333	18.71
ROOM USE	3	5	98.87	19.77	1.667	32.96
CROSSOVERS/ALL OTH OUTPTNT	1	1	15.48	15.48	.333	15.48
@COUNTY HOSPITAL TOTAL	2	5	\$ 62.35	\$ 12.47	1.667	\$ 31.18
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	2	5	62.35	12.47	1.667	31.18
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	1	3	62.35	20.78	1.000	62.35
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	1	2	.00	.00	.667	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C
@COMMUNITY HOSPITAL TOTAL	4	18	\$ 27,488.21	\$ 1527.12	6.000	\$ 6872.05	\$
COMM HOSP INPATIENT TOTAL	1	4	27,216.32	6804.08	1.333	27216.32	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	1	4	27,216.32	6804.08	1.333	27216.32	
ACCOMMODATIONS	1	4	3,066.88	766.72	1.333	3066.88	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	4	3,066.88	766.72	1.333	3066.88	
ANCILLARIES	1	0	24,149.44	.00	.000	24149.44	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3	14	271.89	19.42	4.667	90.63	
MEDICAL	1	1	57.11	57.11	.333	57.11	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	2	8	81.72	10.22	2.667	40.86	
RADIOLOGY	1	1	18.71	18.71	.333	18.71	
ROOM USE	2	3	98.87	32.96	1.000	49.44	
CROSSOVERS/ALL OTH OUTPTNT	1	1	15.48	15.48	.333	15.48	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00	\$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	15	159	\$	2,933.88	\$	18.45	53.000	\$ 195.59	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	15	159		2,933.88		18.45	53.000	195.59	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	109	546	\$	67,072.73	\$	122.84	182.000	\$ 615.35	\$ 2
CLINIC	2	6		670.72		111.79	2.000	335.36	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	107	540		66,402.01		122.97	180.000	620.58	2
#CALIF DEPT OF HEALTH SERV									PA
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
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03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@ALL OTHER PROVIDERS	155	37,188	\$ 376,980.46	\$ 10.14	2396.000	\$ 2432.13	\$12
DURABLE MED. EQUIP.	5	6	6,523.37	1087.23	2.000	1304.67	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	3	16	311.28	19.46	5.333	103.76	
AMBULANCES/AIR TRANS	3	15	301.40	20.09	5.000	100.47	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	9.88	9.88	.333	9.88	
ACUPUNCTURE	0	0	.00	.00	.000	.00	



ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.333	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	86	5,439	220,555.85	40.55	1813.000	2564.60	7
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	17	40	384.54	9.61	13.333	22.62	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	8	1,464.50	183.06	2.667	1464.50	
PROSTHETICS	1	8	1,464.50	183.06	2.667	1464.50	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	4	222.58	55.65	1.333	111.29	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	16	8,816	16,996.44	1.93	2938.667	1062.28	
EPSDT SUPPLEMENTAL SERVICE	12	4,344	118,331.53	27.24	1448.000	9860.96	3
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	29	18,514	12,085.37	.65	6171.333	416.74	
@CALIF. CHILDREN SERVICES*	63	23,965	\$ 182,781.24	\$ 7.63	7988.333	\$ 2901.29	\$ 6
@XOVER EXCLUDING STATE HOSP**	4	11	\$ 43.26	\$ 3.93	3.667	\$ 10.82	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

479 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@TOTAL, ALL PROVIDERS	26,798	307,563	\$ 18,344,609.97	\$ 59.65	642.094	\$ 684.55	\$ 3
@PHYSICIANS SERVICES	883	3,575	\$ 225,811.49	\$ 63.16	7.463	\$ 255.73	\$
OUTPATIENT VISITS	509	659	34,517.57	52.38	1.376	67.81	
OFFICE VISITS	199	241	13,316.79	55.26	.503	66.92	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	61	65	5,281.05	81.25	.136	86.57	
PREVENTIVE CARE	1	1	61.26	61.26	.002	61.26	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	282	352	15,858.47	45.05	.735	56.24	
INPATIENT VISITS	110	639	55,268.98	86.49	1.334	502.45	
HOSPITAL VISITS	89	449	30,118.56	67.08	.937	338.41	
CRITICAL CARE	23	175	24,600.92	140.58	.365	1069.61	
SNF/ICF/TRANS IP CARE	13	15	549.50	36.63	.031	42.27	
OPHTHALMOLOGICAL SERVICES	18	26	1,168.58	44.95	.054	64.92	
EXAMINATIONS	18	26	1,168.58	44.95	.054	64.92	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	65	410	34,031.75	83.00	.856	523.57	
PRINCIPAL SURGEON	43	63	23,605.45	374.69	.132	548.96	
ASSISTANT SURGEON	3	4	453.91	113.48	.008	151.30	
ANESTHESIOLOGIST	29	343	9,972.39	29.07	.716	343.88	
OUTPATIENT SURGERY	93	446	25,960.21	58.21	.931	279.14	
PRINCIPAL SURGEON	52	79	12,062.17	152.69	.165	231.96	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	48	367	13,898.04	37.87	.766	289.54	
DIALYSIS	0	0	.00	.00	.000	.00	

PATHOLOGY	35	179		7,268.21	40.60	.374	207.66	
RADIOLOGY	181	372		14,813.50	39.82	.777	81.84	
PSYCHIATRY	25	31		1,463.90	47.22	.065	58.56	
IMMUNIZATION AND INJECTION	7	53		3,716.43	70.12	.111	530.92	
OTHER SERVICES/ALL X-OVERS	335	760		47,602.36	62.63	1.587	142.10	
@PHARMACY	13,322	89,444	\$	7,980,927.20	\$ 89.23	186.731	\$ 599.08	\$ 1
PRESCRIPTION DRUGS	13,138	31,372		7,781,233.21	248.03	65.495	592.27	1
SNF/ICF	2,699	8,640		1,885,535.14	218.23	18.038	698.61	
OUTPATIENTS	10,676	22,732		5,895,698.07	259.36	47.457	552.24	1
MEDICAL SUPPLIES	460	58,072		199,693.99	3.44	121.236	434.12	
@DENTIST	2,627	10,847	\$	377,045.67	\$ 34.76	22.645	\$ 143.53	\$
VISITS - DIAGNOSTIC	1,894	6,759		83,089.26	12.29	14.111	43.87	
ORAL SURGERY	400	1,215		69,374.90	57.10	2.537	173.44	
DRUGS	23	26		370.00	14.23	.054	16.09	
ANESTHESIA	94	107		8,310.00	77.66	.223	88.40	
PERIODONTICS	142	149		16,969.15	113.89	.311	119.50	
ENDODONTICS	168	245		48,968.41	199.87	.511	291.48	
RESTORATIVE DENTISTRY	608	1,472		80,927.50	54.98	3.073	133.10	
PROSTHETICS	29	31		929.50	29.98	.065	32.05	
DENTURES, STAYPLATES	196	615		62,806.95	102.13	1.284	320.44	
SPACE MAINTAINERS	2	4		480.00	120.00	.008	240.00	
MAXILLOFACIAL SERVICES	6	7		3,750.00	535.71	.015	625.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	8	13		995.00	76.54	.027	124.38	
ALL OTHER SERVICES	118	204		75.00	.37	.426	.64	

#CALIF DEPT OF HEALTH SERV MOP024  
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

PA

479 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C F
@OPTOMETRIST	41	114	\$ 2,376.27	\$ 20.84	.238	\$ 57.96	\$
DIAGNOSTIC AND ANC. PROCED	22	31	676.17	21.81	.065	30.74	
EYE APPLIANCES	28	78	1,463.30	18.76	.163	52.26	
OTHER OPTOMETRIC SERVICES	5	5	236.80	47.36	.010	47.36	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	7	10	\$ 162.66	\$ 16.27	.021	\$ 23.24	\$
MEDICINE/INJECTIONS	1	1	57.20	57.20	.002	57.20	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	6	9	105.46	11.72	.019	17.58	
@HOME HEALTH AGENCY	86	3,630	\$ 149,465.97	\$ 41.18	7.578	\$ 1737.98	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	1,010	5,909	\$ 1,414,136.79	\$ 239.32	12.336	\$ 1400.14	\$
HOSP INPATIENT TOTAL	208	579	1,203,137.97	2077.96	1.209	5784.32	
HSC HOSPITALS	81	565	1,026,533.00	1816.87	1.180	12673.25	
NON-HSC HOSPITAL TOTAL	7	14	44,584.81	3184.63	.029	6369.26	
ACCOMMODATIONS	7	14	10,916.92	779.78	.029	1559.56	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

ALL OTHER ACCOM	7	14	10,916.92	779.78	.029	1559.56
ANCILLARIES	7	0	33,667.89	.00	.000	4809.70
INPATIENT CROSSOVERS	120	0	132,020.16	.00	.000	1100.17
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	850	5,330	210,998.82	39.59	11.127	248.23
MEDICAL	219	684	63,351.79	92.62	1.428	289.28
SURGERY	60	76	5,415.92	71.26	.159	90.27
PATHOLOGY	251	1,980	20,920.35	10.57	4.134	83.35
RADIOLOGY	158	231	44,425.80	192.32	.482	281.18
ROOM USE	457	641	26,574.89	41.46	1.338	58.15
CROSSOVERS/ALL OTH OUTPTNT	289	1,718	50,310.07	29.28	3.587	174.08
@COUNTY HOSPITAL TOTAL	50	261	\$ 194,136.07	\$ 743.82	.545	\$ 3882.72
CO HOSPITAL INPATIENT TOTAL	15	141	189,727.64	1345.59	.294	12648.51
HSC HOSPITALS	12	138	186,424.00	1350.90	.288	15535.33
NON-HSC HOSPITALS TOTAL	1	3	2,149.45	716.48	.006	2149.45
ACCOMMODATIONS	1	3	693.90	231.30	.006	693.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	1	3	693.90	231.30	.006	693.90
ANCILLARIES	1	0	1,455.55	.00	.000	1455.55
INPATIENT CROSSOVERS	2	0	1,154.19	.00	.000	577.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	37	120	4,408.43	36.74	.251	119.15
MEDICAL	26	37	1,970.08	53.25	.077	75.77
SURGERY	2	3	267.18	89.06	.006	133.59
PATHOLOGY	6	31	348.04	11.23	.065	58.01
RADIOLOGY	5	9	734.35	81.59	.019	146.87
ROOM USE	10	14	361.82	25.84	.029	36.18
CROSSOVERS/ALL OTH OUTPTNT	13	26	726.96	27.96	.054	55.92

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

479 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	967	5,648	\$ 1,220,000.72	\$ 216.01	11.791	\$ 1261.63	\$
COMM HOSP INPATIENT TOTAL	194	438	1,013,410.33	2313.72	.914	5223.76	
HSC HOSPITALS	70	427	840,109.00	1967.47	.891	12001.56	
NON-HSC HOSPITALS TOTAL	6	11	42,435.36	3857.76	.023	7072.56	
ACCOMMODATIONS	6	11	10,223.02	929.37	.023	1703.84	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	6	11	10,223.02	929.37	.023	1703.84	
ANCILLARIES	6	0	32,212.34	.00	.000	5368.72	
INPATIENT CROSSOVERS	118	0	130,865.97	.00	.000	1109.03	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	817	5,210	206,590.39	39.65	10.877	252.86	
MEDICAL	195	647	61,381.71	94.87	1.351	314.78	
SURGERY	58	73	5,148.74	70.53	.152	88.77	
PATHOLOGY	245	1,949	20,572.31	10.56	4.069	83.97	
RADIOLOGY	153	222	43,691.45	196.81	.463	285.57	
ROOM USE	447	627	26,213.07	41.81	1.309	58.64	
CROSSOVERS/ALL OTH OUTPTNT	276	1,692	49,583.11	29.30	3.532	179.65	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	

DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	44	1,265	\$	191,029.02	\$ 151.01	2.641	\$ 4341.57 \$
LEV A-INTERMEDIATE	1	30		2,686.20	89.54	.063	2686.20
LEV B-REHAB MD	29	943		144,191.41	152.91	1.969	4972.12
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	14	292		44,151.41	151.20	.610	3153.67
@INTERMEDIATE CARE FACIL.-DD	10	290	\$	47,400.50	\$ 163.45	.605	\$ 4740.05 \$
ICF DDH	10	290		47,400.50	163.45	.605	4740.05
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	336	5,113	\$	66,520.77	\$ 13.01	10.674	\$ 197.98 \$
HOSPITAL BASED	63	248		6,625.79	26.72	.518	105.17
INDEPENDENT FACILITY	274	4,865		59,894.98	12.31	10.157	218.59
@LABORATORY FACILITY	43	186	\$	2,014.06	\$ 10.83	.388	\$ 46.84 \$
PATHOLOGY	42	185		1,995.96	10.79	.386	47.52
XO AND OTHERS	1	1		18.10	18.10	.002	18.10
@ORGANIZED OUTPATIENT CLINIC	11,181	30,821	\$	6,890,229.61	\$ 223.56	64.344	\$ 616.24 \$ 1
CLINIC	10	30		708.83	23.63	.063	70.88
SURGICENTER	1	1		82.42	82.42	.002	82.42
HEROIN DETOX CLINIC	1	11		139.36	12.67	.023	139.36
RURAL HEALTH CLINIC	11,170	30,779		6,889,299.00	223.83	64.257	616.77 1
#CALIF DEPT OF HEALTH SERV							PA
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
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479 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST AVERAGE - PER USER	C E
@ALL OTHER PROVIDERS	3,020	156,359	\$ 997,489.96	\$ 6.38	326.428	\$ 330.29	\$
DURABLE MED. EQUIP.	158	776	142,138.89	183.17	1.620	899.61	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	7	16	2,692.99	168.31	.033	384.71	
MEDICAL TRANSPORTATION	47	1,363	18,050.68	13.24	2.846	384.06	
AMBULANCES/AIR TRANS	47	1,350	13,601.88	10.08	2.818	289.40	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	13	13	4,448.80	342.22	.027	342.22	
ACUPUNCTURE	2	4	59.10	14.78	.008	29.55	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	4	4	420.00	105.00	.008	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	639	11,957	519,940.81	43.48	24.962	813.68	
OCCUPATIONAL THERAPIST	7	86	1,025.21	11.92	.180	146.46	
OPTICIAN	1,219	2,951	30,107.33	10.20	6.161	24.70	
PHYSICAL THERAPIST	1	9	147.04	16.34	.019	147.04	
PORTABLE X-RAY	2	4	61.28	15.32	.008	30.64	
PROSTHETIST/ORTHOTISTS	15	59	9,944.75	168.56	.123	662.98	
PROSTHETICS	15	59	9,944.75	168.56	.123	662.98	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	18	46	1,813.93	39.43	.096	100.77	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	

LOCAL EDUCATION AGENCIES	769	21,916	156,185.56	7.13	45.754	203.10
EPSDT SUPPLEMENTAL SERVICE	2	1,528	37,313.76	24.42	3.190	18656.88
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	242	115,640	77,588.63	.67	241.420	320.61
@CALIF. CHILDREN SERVICES*	2,143	159,099	\$ 2,743,605.31	\$ 17.24	332.148	\$ 1280.26
@XOVER EXCLUDING STATE HOSP**	216	293	\$ 142,471.68	\$ 486.25	.612	\$ 659.59

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	11,866	44,020	\$ 2,743,996.23	\$ 62.34	88.929	\$ 231.25	\$
@PHYSICIANS SERVICES	514	1,966	\$ 163,532.80	\$ 83.18	3.972	\$ 318.16	\$
OUTPATIENT VISITS	300	339	20,391.55	60.15	.685	67.97	
OFFICE VISITS	156	171	11,945.02	69.85	.345	76.57	
HOME VISITS	2	6	182.40	30.40	.012	91.20	
EMERGENCY ROOM	39	38	2,802.55	73.75	.077	71.86	
PREVENTIVE CARE	1	1	54.83	54.83	.002	54.83	
OB VISITS/COMPRE PERI	1	3	181.44	60.48	.006	181.44	
OTHER OUTPATIENT	110	120	5,225.31	43.54	.242	47.50	
INPATIENT VISITS	49	266	30,412.91	114.33	.537	620.67	
HOSPITAL VISITS	43	130	9,041.43	69.55	.263	210.27	
CRITICAL CARE	16	136	21,371.48	157.14	.275	1335.72	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	25	32	1,463.98	45.75	.065	58.56	
EXAMINATIONS	25	32	1,463.98	45.75	.065	58.56	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	40	257	26,227.55	102.05	.519	655.69	
PRINCIPAL SURGEON	24	30	18,823.68	627.46	.061	784.32	
ASSISTANT SURGEON	1	1	520.10	520.10	.002	520.10	
ANESTHESIOLOGIST	22	226	6,883.77	30.46	.457	312.90	

OUTPATIENT SURGERY	52	224		15,863.38	70.82	.453	305.07	
PRINCIPAL SURGEON	34	53		10,341.66	195.13	.107	304.17	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	21	171		5,521.72	32.29	.345	262.94	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	14	37		864.20	23.36	.075	61.73	
RADIOLOGY	99	188		10,957.48	58.28	.380	110.68	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	6	6		198.72	33.12	.012	33.12	
OTHER SERVICES/ALL X-OVERS	199	617		57,153.03	92.63	1.246	287.20	
@PHARMACY	529	1,580	\$	134,790.20	\$ 85.31	3.192	\$ 254.80	\$
PRESCRIPTION DRUGS	495	913		125,901.14	137.90	1.844	254.35	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	495	913		125,901.14	137.90	1.844	254.35	
MEDICAL SUPPLIES	68	667		8,889.06	13.33	1.347	130.72	
@DENTIST	3,378	17,842	\$	493,549.10	\$ 27.66	36.044	\$ 146.11	\$
VISITS - DIAGNOSTIC	2,745	12,320		167,279.45	13.58	24.889	60.94	
ORAL SURGERY	389	769		50,121.55	65.18	1.554	128.85	
DRUGS	200	211		4,718.75	22.36	.426	23.59	
ANESTHESIA	82	85		7,605.00	89.47	.172	92.74	
PERIODONTICS	61	62		6,522.10	105.20	.125	106.92	
ENDODONTICS	247	611		64,647.85	105.81	1.234	261.73	
RESTORATIVE DENTISTRY	1,021	3,384		171,812.40	50.77	6.836	168.28	
PROSTHETICS	16	20		530.00	26.50	.040	33.13	
DENTURES, STAYPLATES	20	60		3,545.50	59.09	.121	177.28	
SPACE MAINTAINERS	32	36		4,511.00	125.31	.073	140.97	
MAXILLOFACIAL SERVICES	4	4		197.50	49.38	.008	49.38	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	103	150		11,533.00	76.89	.303	111.97	
ALL OTHER SERVICES	84	130		525.00	4.04	.263	6.25	

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MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	12	24	\$ 463.68	\$ 19.32	.048	\$ 38.64	\$
DIAGNOSTIC AND ANC. PROCED	7	6	154.66	25.78	.012	22.09	
EYE APPLIANCES	6	13	181.89	13.99	.026	30.32	
OTHER OPTOMETRIC SERVICES	4	5	127.13	25.43	.010	31.78	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	.00	.00	.000	.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	3	4	\$ 415.72	\$ 103.93	.008	\$ 138.57	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	454	1,629	\$ 473,189.35	\$ 290.48	3.291	\$ 1042.27	\$
HOSP INPATIENT TOTAL	45	146	412,121.21	2822.75	.295	9158.25	

HSC HOSPITALS	42	137	360,737.00	2633.12	.277	8588.98	
NON-HSC HOSPITAL TOTAL	4	9	51,384.21	5709.36	.018	12846.05	
ACCOMMODATIONS	4	9	7,491.30	832.37	.018	1872.83	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	4	9	7,491.30	832.37	.018	1872.83	
ANCILLARIES	4	0	43,892.91	.00	.000	10973.23	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	418	1,483	61,068.14	41.18	2.996	146.10	
MEDICAL	88	129	10,668.03	82.70	.261	121.23	
SURGERY	24	28	2,999.90	107.14	.057	125.00	
PATHOLOGY	101	597	6,438.94	10.79	1.206	63.75	
RADIOLOGY	79	115	17,447.00	151.71	.232	220.85	
ROOM USE	233	294	12,575.99	42.78	.594	53.97	
CROSSOVERS/ALL OTH OUTPTNT	183	320	10,938.28	34.18	.646	59.77	
@COUNTY HOSPITAL TOTAL	26	65	\$ 22,224.07	\$ 341.91	.131	\$ 854.77	\$
CO HOSPITAL INPATIENT TOTAL	7	14	18,928.00	1352.00	.028	2704.00	
HSC HOSPITALS	7	14	18,928.00	1352.00	.028	2704.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	19	51	3,296.07	64.63	.103	173.48	
MEDICAL	9	10	745.19	74.52	.020	82.80	
SURGERY	1	1	120.23	120.23	.002	120.23	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	8	19	1,515.15	79.74	.038	189.39	
ROOM USE	10	15	697.48	46.50	.030	69.75	
CROSSOVERS/ALL OTH OUTPTNT	4	6	218.02	36.34	.012	54.51	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES						

	495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	428	1,564	\$	450,965.28	\$ 288.34	3.160	\$ 1053.66	\$
COMM HOSP INPATIENT TOTAL	38	132		393,193.21	2978.74	.267	10347.19	
HSC HOSPITALS	35	123		341,809.00	2778.93	.248	9765.97	
NON-HSC HOSPITALS TOTAL	4	9		51,384.21	5709.36	.018	12846.05	
ACCOMMODATIONS	4	9		7,491.30	832.37	.018	1872.83	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	4	9		7,491.30	832.37	.018	1872.83	
ANCILLARIES	4	0		43,892.91	.00	.000	10973.23	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	399	1,432		57,772.07	40.34	2.893	144.79	
MEDICAL	79	119		9,922.84	83.39	.240	125.61	
SURGERY	23	27		2,879.67	106.65	.055	125.20	
PATHOLOGY	101	597		6,438.94	10.79	1.206	63.75	

RADIOLOGY	71	96	15,931.85	165.96	.194	224.39
ROOM USE	223	279	11,878.51	42.58	.564	53.27
CROSSOVERS/ALL OTH OUTPTNT	179	314	10,720.26	34.14	.634	59.89
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	70	726	\$ 10,587.03	\$ 14.58	1.467	\$ 151.24
HOSPITAL BASED	30	72	2,508.16	34.84	.145	83.61
INDEPENDENT FACILITY	40	654	8,078.87	12.35	1.321	201.97
@LABORATORY FACILITY	30	83	\$ 1,130.72	\$ 13.62	.168	\$ 37.69
PATHOLOGY	30	83	1,130.72	13.62	.168	37.69
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	5,532	7,980	\$ 1,337,321.11	\$ 167.58	16.121	\$ 241.74
CLINIC	4	7	229.65	32.81	.014	57.41
SURGICENTER	1	1	58.88	58.88	.002	58.88
HEROIN DETOX CLINIC	1	15	176.52	11.77	.030	176.52
RURAL HEALTH CLINIC	5,527	7,957	1,336,856.06	168.01	16.075	241.88

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER	- C E
					PER ELIG      USER	
@ALL OTHER PROVIDERS	1,986	12,186	\$ 129,016.52	\$ 10.59	24.618	\$ 64.96
DURABLE MED. EQUIP.	10	16	5,142.24	321.39	.032	514.22
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	3	6	277.17	46.20	.012	92.39
MEDICAL TRANSPORTATION	16	323	9,665.93	29.93	.653	604.12
AMBULANCES/AIR TRANS	15	314	2,941.53	9.37	.634	196.10
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	9	9	6,724.40	747.16	.018	747.16
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	50	50	5,250.00	105.00	.101	105.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	522	1,139	9,596.00	8.42	2.301	18.38
PHYSICAL THERAPIST	1	5	90.94	18.19	.010	90.94
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	3	19	2,355.89	123.99	.038	785.30
PROSTHETICS	3	19	2,355.89	123.99	.038	785.30



ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	16	33	1,629.06	49.37	.067	101.82
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	1,373	10,595	95,009.29	8.97	21.404	69.20
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	827	5,392	\$ 685,499.09	\$ 127.13	10.893	\$ 828.90
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

1,034 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER	C
					PER ELIG      USER	E
@TOTAL, ALL PROVIDERS	42,168	420,564	\$ 23,091,882.89	\$ 54.91	406.735      \$ 547.62	\$ 2
@PHYSICIANS SERVICES	1,431	5,592	\$ 394,078.58	\$ 70.47	5.408      \$ 275.39	\$
OUTPATIENT VISITS	815	1,004	55,547.57	55.33	.971      68.16	
OFFICE VISITS	358	415	25,589.86	61.66	.401      71.48	
HOME VISITS	2	6	182.40	30.40	.006      91.20	
EMERGENCY ROOM	102	105	8,330.07	79.33	.102      81.67	
PREVENTIVE CARE	2	2	116.09	58.05	.002      58.05	
OB VISITS/COMPRE PERI	1	3	181.44	60.48	.003      181.44	
OTHER OUTPATIENT	393	473	21,147.71	44.71	.457      53.81	
INPATIENT VISITS	159	905	85,681.89	94.68	.875      538.88	
HOSPITAL VISITS	132	579	39,159.99	67.63	.560      296.67	
CRITICAL CARE	39	311	45,972.40	147.82	.301      1178.78	
SNF/ICF/TRANS IP CARE	13	15	549.50	36.63	.015      42.27	
OPHTHALMOLOGICAL SERVICES	44	59	2,658.52	45.06	.057      60.42	
EXAMINATIONS	44	59	2,658.52	45.06	.057      60.42	
SERVICES AND MATERIALS	0	0	.00	.00	.000      .00	
INPATIENT HOSPITAL SURGERY	105	667	60,259.30	90.34	.645      573.90	
PRINCIPAL SURGEON	67	93	42,429.13	456.23	.090      633.27	
ASSISTANT SURGEON	4	5	974.01	194.80	.005      243.50	
ANESTHESIOLOGIST	51	569	16,856.16	29.62	.550      330.51	
OUTPATIENT SURGERY	146	672	44,607.20	66.38	.650      305.53	
PRINCIPAL SURGEON	87	134	25,187.44	187.97	.130      289.51	
ASSISTANT SURGEON	0	0	.00	.00	.000      .00	
ANESTHESIOLOGIST	69	538	19,419.76	36.10	.520      281.45	
DIALYSIS	0	0	.00	.00	.000      .00	
PATHOLOGY	49	216	8,132.41	37.65	.209      165.97	
RADIOLOGY	283	567	25,868.83	45.62	.548      91.41	
PSYCHIATRY	25	31	1,463.90	47.22	.030      58.56	
IMMUNIZATION AND INJECTION	13	59	3,915.15	66.36	.057      301.17	
OTHER SERVICES/ALL X-OVERS	559	1,412	105,943.81	75.03	1.366      189.52	
@PHARMACY	14,516	103,744	\$ 8,311,031.36	\$ 80.11	100.333      \$ 572.54	\$
PRESCRIPTION DRUGS	14,281	33,315	8,099,105.31	243.11	32.220      567.12	
SNF/ICF	2,819	8,813	1,920,151.40	217.88	8.523      681.15	
OUTPATIENTS	11,702	24,502	6,178,953.91	252.18	23.696      528.03	

MEDICAL SUPPLIES	555	70,429		211,926.05	3.01	68.113	381.85
@DENTIST	6,603	31,111	\$	968,781.92	\$ 31.14	30.088	\$ 146.72
VISITS - DIAGNOSTIC	5,080	20,584		267,871.46	13.01	19.907	52.73
ORAL SURGERY	887	2,338		137,560.95	58.84	2.261	155.09
DRUGS	225	239		5,118.75	21.42	.231	22.75
ANESTHESIA	201	217		18,315.00	84.40	.210	91.12
PERIODONTICS	232	240		26,332.25	109.72	.232	113.50
ENDODONTICS	437	887		120,721.26	136.10	.858	276.25
RESTORATIVE DENTISTRY	1,734	5,064		265,145.05	52.36	4.897	152.91
PROSTHETICS	51	57		1,659.50	29.11	.055	32.54
DENTURES, STAYPLATES	305	890		103,991.20	116.84	.861	340.95
SPACE MAINTAINERS	34	40		4,991.00	124.78	.039	146.79
MAXILLOFACIAL SERVICES	10	11		3,947.50	358.86	.011	394.75
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	112	164		12,528.00	76.39	.159	111.86
ALL OTHER SERVICES	237	380		600.00	1.58	.368	2.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL						

1,034 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS COST PER PER ELIG USER	C E
@OPTOMETRIST	61	158	\$ 3,182.50	\$ 20.14	.153 \$ 52.17	\$
DIAGNOSTIC AND ANC. PROCED	32	40	886.29	22.16	.039 27.70	
EYE APPLIANCES	40	108	1,932.28	17.89	.104 48.31	
OTHER OPTOMETRIC SERVICES	9	10	363.93	36.39	.010 40.44	
@CHIROPRACTOR	0	0	.00	.00	.000 \$ .00	\$
VISITS	0	0	.00	.00	.000 .00	
OTHER SERVICES	0	0	.00	.00	.000 .00	
@PODIATRIST	8	11	\$ 165.54	\$ 15.05	.011 \$ 20.69	\$
MEDICINE/INJECTIONS	1	1	57.20	57.20	.001 57.20	
SURGERY/ANES.	0	0	.00	.00	.000 .00	
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00	
OTHER	7	10	108.34	10.83	.010 15.48	
@HOME HEALTH AGENCY	90	3,639	\$ 150,211.26	\$ 41.28	3.519 \$ 1669.01	\$
NURSE ANESTHESIST	0	0	.00	.00	.000 \$ .00	\$

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	1,475	7,590	\$	1,904,751.47	\$	250.96	7.340	\$	1291.36	\$
HOSP INPATIENT TOTAL	254	729		1,631,855.50		2238.48	.705		6424.63	
HSC HOSPITALS	123	702		1,387,270.00		1976.17	.679		11278.62	
NON-HSC HOSPITAL TOTAL	12	27		123,185.34		4562.42	.026		10265.45	
ACCOMMODATIONS	12	27		21,475.10		795.37	.026		1789.59	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	12	27		21,475.10		795.37	.026		1789.59	
ANCILLARIES	12	0		101,710.24		.00	.000		8475.85	
INPATIENT CROSSOVERS	120	0		121,400.16		.00	.000		1011.67	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	1,278	6,861		272,895.97		39.77	6.635		213.53	
MEDICAL	308	814		74,076.93		91.00	.787		240.51	
SURGERY	84	104		8,415.82		80.92	.101		100.19	
PATHOLOGY	355	2,588		27,503.36		10.63	2.503		77.47	
RADIOLOGY	238	347		61,891.51		178.36	.336		260.05	
ROOM USE	693	940		39,249.75		41.76	.909		56.64	
CROSSOVERS/ALL OTH OUTPTNT	478	2,068		61,758.60		29.86	2.000		129.20	
@COUNTY HOSPITAL TOTAL	78	331	\$	216,422.49	\$	653.84	.320	\$	2774.65	\$
CO HOSPITAL INPATIENT TOTAL	22	155		208,655.64		1346.17	.150		9484.35	
HSC HOSPITALS	19	152		205,352.00		1351.00	.147		10808.00	
NON-HSC HOSPITALS TOTAL	1	3		2,149.45		716.48	.003		2149.45	
ACCOMMODATIONS	1	3		693.90		231.30	.003		693.90	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	3		693.90		231.30	.003		693.90	
ANCILLARIES	1	0		1,455.55		.00	.000		1455.55	
INPATIENT CROSSOVERS	2	0		1,154.19		.00	.000		577.10	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	58	176		7,766.85		44.13	.170		133.91	
MEDICAL	35	47		2,715.27		57.77	.045		77.58	
SURGERY	3	4		387.41		96.85	.004		129.14	
PATHOLOGY	7	34		410.39		12.07	.033		58.63	
RADIOLOGY	13	28		2,249.50		80.34	.027		173.04	
ROOM USE	21	31		1,059.30		34.17	.030		50.44	
CROSSOVERS/ALL OTH OUTPTNT	17	32		944.98		29.53	.031		55.59	

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MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

						----- MONTHLY AVERAGE -----			
1,034 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		C E	
@COMMUNITY HOSPITAL TOTAL	1,404	7,259	\$ 1,688,328.98	\$ 232.58	7.020	\$ 1202.51	\$		
COMM HOSP INPATIENT TOTAL	233	574	1,423,199.86	2479.44	.555	6108.15			
HSC HOSPITALS	105	550	1,181,918.00	2148.94	.532	11256.36			
NON-HSC HOSPITALS TOTAL	11	24	121,035.89	5043.16	.023	11003.26			
ACCOMMODATIONS	11	24	20,781.20	865.88	.023	1889.20			
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00			
ALL OTHER ACCOM	11	24	20,781.20	865.88	.023	1889.20			
ANCILLARIES	11	0	100,254.69	.00	.000	9114.06			
INPATIENT CROSSOVERS	118	0	120,245.97	.00	.000	1019.03			

ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	1,224	6,685		265,129.12	39.66	6.465	216.61
MEDICAL	275	767		71,361.66	93.04	.742	259.50
SURGERY	81	100		8,028.41	80.28	.097	99.12
PATHOLOGY	348	2,554		27,092.97	10.61	2.470	77.85
RADIOLOGY	225	319		59,642.01	186.97	.309	265.08
ROOM USE	672	909		38,190.45	42.01	.879	56.83
CROSSOVERS/ALL OTH OUTPTNT	461	2,036		60,813.62	29.87	1.969	131.92
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	49	1,327	\$	200,289.34	\$ 150.93	1.283	\$ 4087.54
LEV A-INTERMEDIATE	1	30		2,686.20	89.54	.029	2686.20
LEV B-REHAB MD	29	943		144,191.41	152.91	.912	4972.12
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	19	354		53,411.73	150.88	.342	2811.14
@INTERMEDIATE CARE FACIL.-DD	10	290	\$	47,400.50	\$ 163.45	.280	\$ 4740.05
ICF DDH	10	290		47,400.50	163.45	.280	4740.05
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	421	5,998	\$	80,041.68	\$ 13.34	5.801	\$ 190.12
HOSPITAL BASED	93	320		9,133.95	28.54	.309	98.21
INDEPENDENT FACILITY	329	5,678		70,907.73	12.49	5.491	215.53
@LABORATORY FACILITY	73	269	\$	3,144.78	\$ 11.69	.260	\$ 43.08
PATHOLOGY	72	268		3,126.68	11.67	.259	43.43
XO AND OTHERS	1	1		18.10	18.10	.001	18.10
@ORGANIZED OUTPATIENT CLINIC	17,754	45,871	\$	9,067,762.35	\$ 197.68	44.363	\$ 510.74
CLINIC	16	43		1,609.20	37.42	.042	100.58
SURGICENTER	2	2		141.30	70.65	.002	70.65
HEROIN DETOX CLINIC	2	26		315.88	12.15	.025	157.94
RURAL HEALTH CLINIC	17,736	45,800		9,065,695.97	197.94	44.294	511.15

#CALIF DEPT OF HEALTH SERV MOP024  
SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

1,034 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	6,520	214,964	\$ 1,961,041.61	\$ 9.12	207.896	\$ 300.77	\$
DURABLE MED. EQUIP.	173	798	153,804.50	192.74	.772	889.04	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	10	22	2,970.16	135.01	.021	297.02	
MEDICAL TRANSPORTATION	66	1,702	28,027.89	16.47	1.646	424.67	
AMBULANCES/AIR TRANS	65	1,679	16,844.81	10.03	1.624	259.15	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	23	23	11,183.08	486.22	.022	486.22	
ACUPUNCTURE	2	4	59.10	14.78	.004	29.55	
ADULT DAY HEALTH CARE CTR	9	59	4,126.10	69.93	.057	458.46	
GENETIC DISEASE TESTING	55	55	5,775.00	105.00	.053	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,685	24,937	1,183,496.73	47.46	24.117	702.37	
OCCUPATIONAL THERAPIST	7	86	1,025.21	11.92	.083	146.46	

OPTICIAN	2,141	5,021	50,079.51	9.97	4.856	23.39
PHYSICAL THERAPIST	2	14	237.98	17.00	.014	118.99
PORTABLE X-RAY	2	4	61.28	15.32	.004	30.64
PROSTHETIST/ORTHOTISTS	19	86	13,765.14	160.06	.083	724.48
PROSTHETICS	19	86	13,765.14	160.06	.083	724.48
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	37	87	3,839.88	44.14	.084	103.78
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	2,158	41,327	268,191.29	6.49	39.968	124.28
EPSDT SUPPLEMENTAL SERVICE	14	5,872	155,645.29	26.51	5.679	11117.52
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	285	134,890	89,936.55	.67	130.455	315.57
@CALIF. CHILDREN SERVICES*	3,034	188,472	\$ 3,613,590.92	\$ 19.17	182.275	\$ 1191.03
@XOVER EXCLUDING STATE HOSP**	265	392	\$ 134,811.53	\$ 343.91	.379	\$ 508.72

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U 1X	

64 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	- C E
@TOTAL, ALL PROVIDERS	1,353	21,025	\$ 585,689.74	\$ 27.86	328.516	\$ 432.88	\$
@PHYSICIANS SERVICES	16	48	\$ 911.52	\$ 18.99	.750	\$ 56.97	\$
OUTPATIENT VISITS	1	2	152.68	76.34	.031	152.68	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	2	152.68	76.34	.031	152.68	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	2	14	20.07	1.43	.219	10.04	
RADIOLOGY	2	9	466.83	51.87	.141	233.42	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	

OTHER SERVICES/ALL X-OVERS	11	23		271.94	11.82	.359	24.72		
@PHARMACY	138	12,448	\$	27,812.69	\$ 2.23	194.500	\$ 201.54	\$	
PRESCRIPTION DRUGS	136	230		25,298.36	109.99	3.594	186.02		
SNF/ICF	22	53		5,720.79	107.94	.828	260.04		
OUTPATIENTS	114	177		19,577.57	110.61	2.766	171.73		
MEDICAL SUPPLIES	14	12,218		2,514.33	.21	190.906	179.60		
@DENTIST	286	1,234	\$	48,668.10	\$ 39.44	19.281	\$ 170.17	\$	
VISITS - DIAGNOSTIC	203	690		8,282.05	12.00	10.781	40.80		
ORAL SURGERY	51	214		8,895.50	41.57	3.344	174.42		
DRUGS	1	2		15.00	7.50	.031	15.00		
ANESTHESIA	12	15		1,100.00	73.33	.234	91.67		
PERIODONTICS	17	18		2,061.00	114.50	.281	121.24		
ENDODONTICS	17	25		4,696.00	187.84	.391	276.24		
RESTORATIVE DENTISTRY	46	97		7,424.05	76.54	1.516	161.39		
PROSTHETICS	5	7		365.00	52.14	.109	73.00		
DENTURES, STAYPLATES	39	119		15,779.50	132.60	1.859	404.60		
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		
ALL OTHER SERVICES	23	47		50.00	1.06	.734	2.17		
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024				FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY				SUMMARY OF SERVICES FOR MN - NO SOC - AGED					
				AID CODE 14 1H 1U 1X					

64 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@OPTOMETRIST	3	10	\$ 188.51	\$ 18.85	.156	\$ 62.84	\$
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.016	39.44	
EYE APPLIANCES	3	9	149.07	16.56	.141	49.69	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	2	\$ .73	\$ .37	.031	\$ .73	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	1	2	.73	.37	.031	.73	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	10	42	\$ 31,525.67	\$ 750.61	.656	\$ 3152.57	\$
HOSP INPATIENT TOTAL	6	18	30,981.58	1721.20	.281	5163.60	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	2	18	36,970.53	2053.92	.281	18485.27	
ACCOMMODATIONS	2	18	10,022.40	556.80	.281	5011.20	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	2	18	10,022.40	556.80	.281	5011.20	
ANCILLARIES	2	0	26,948.13	.00	.000	13474.07	
INPATIENT CROSSOVERS	4	0	5,988.95CR	.00	.000	1497.24CR	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	

HOSP OUTPATIENT TOTAL	6	24		544.09	22.67	.375	90.68
MEDICAL	1	1		82.41	82.41	.016	82.41
SURGERY	1	1		4.00	4.00	.016	4.00
PATHOLOGY	1	8		76.28	9.54	.125	76.28
RADIOLOGY	2	2		212.29	106.15	.031	106.15
ROOM USE	2	2		72.68	36.34	.031	36.34
CROSSOVERS/ALL OTH OUTPTNT	4	10		96.43	9.64	.156	24.11
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

64 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@COMMUNITY HOSPITAL TOTAL	10	42	\$ 31,525.67	\$ 750.61	.656	\$ 3152.57	\$
COMM HOSP INPATIENT TOTAL	6	18	30,981.58	1721.20	.281	5163.60	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	2	18	36,970.53	2053.92	.281	18485.27	
ACCOMMODATIONS	2	18	10,022.40	556.80	.281	5011.20	

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	2	18		10,022.40	556.80	.281	5011.20
ANCILLARIES	2	0		26,948.13	.00	.000	13474.07
INPATIENT CROSSOVERS	4	0		5,988.95CR	.00	.000	1497.24CR
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	6	24		544.09	22.67	.375	90.68
MEDICAL	1	1		82.41	82.41	.016	82.41
SURGERY	1	1		4.00	4.00	.016	4.00
PATHOLOGY	1	8		76.28	9.54	.125	76.28
RADIOLOGY	2	2		212.29	106.15	.031	106.15
ROOM USE	2	2		72.68	36.34	.031	36.34
CROSSOVERS/ALL OTH OUTPTNT	4	10		96.43	9.64	.156	24.11
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	1	2	\$	931.68	\$ 465.84	.031	\$ 931.68 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	1	2		931.68	465.84	.031	931.68
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	1	28CR	\$	334.90CR	\$ 11.96	.438CR\$	334.90CR\$
PATHOLOGY	1	28CR		334.90CR	11.96	.438CR	334.90CR
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	628	2,869	\$	374,081.03	\$ 130.39	44.828	\$ 595.67 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	628	2,869		374,081.03	130.39	44.828	595.67

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - AGED      AID CODE 14 1H 1U 1X

	64 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@ALL OTHER PROVIDERS	335	4,398	\$	101,904.71	\$ 23.17	68.719	\$ 304.19	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	



ACUPUNCTURE	0	0		.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	3	23		1,621.22	70.49	.359	540.41
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	91	2,538		94,033.69	37.05	39.656	1033.34
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00
OPTICIAN	232	544		5,865.78	10.78	8.500	25.28
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00
PROSTHETICS	0	0		.00	.00	.000	.00
ORTHOTICS	0	0		.00	.00	.000	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00
ALL OTHER PROVIDERS	12	1,293		384.02	.30	20.203	32.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$ .00 \$
@XOVER EXCLUDING STATE HOSP**	28	53	\$	4,476.18CR	\$	84.46CR	.828 \$ 159.86CR\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND	AID CODE 24	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C F
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	

DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - BLIND      AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER	PER ELIG      USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	

TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND						
	AID CODE 24						
	----- MONTHLY AVERAGE -						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$

MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$ .00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$ .00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$ .00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$ .00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND						
					AID CODE 24		
						----- MONTHLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00 \$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00
BLOOD BANK	0	0		.00	.00	.000	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED	64 6G 6H 6U 6V 6X 8G	

761 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	3,886	100,802	\$ 2,711,121.23	\$ 26.90	132.460	\$ 697.66	\$
@PHYSICIANS SERVICES	185	717	\$ 17,006.92	\$ 23.72	.942	\$ 91.93	\$
OUTPATIENT VISITS	43	50	2,064.99	41.30	.066	48.02	
OFFICE VISITS	22	27	917.48	33.98	.035	41.70	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	6	6	524.70	87.45	.008	87.45	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	16	17	622.81	36.64	.022	38.93	
INPATIENT VISITS	4	13	443.61	34.12	.017	110.90	
HOSPITAL VISITS	4	13	443.61	34.12	.017	110.90	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	7	9	307.72	34.19	.012	43.96	
EXAMINATIONS	7	9	307.72	34.19	.012	43.96	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2	31	699.94	22.58	.041	349.97	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	

ANESTHESIOLOGIST	2	31		699.94	22.58	.041	349.97	
OUTPATIENT SURGERY	11	25		2,292.51	91.70	.033	208.41	
PRINCIPAL SURGEON	8	12		1,819.99	151.67	.016	227.50	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	3	13		472.52	36.35	.017	157.51	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	8	69		981.76	14.23	.091	122.72	
RADIOLOGY	19	27		744.82	27.59	.035	39.20	
PSYCHIATRY	1	1		23.22	23.22	.001	23.22	
IMMUNIZATION AND INJECTION	2	5		27.25	5.45	.007	13.63	
OTHER SERVICES/ALL X-OVERS	121	487		9,421.10	19.35	.640	77.86	
@PHARMACY	1,845	18,791	\$	1,105,657.52	\$ 58.84	24.693	\$ 599.27	\$
PRESCRIPTION DRUGS	1,801	5,815		1,087,723.96	187.05	7.641	603.96	
SNF/ICF	67	156		50,104.86	321.19	.205	747.83	
OUTPATIENTS	1,738	5,659		1,037,619.10	183.36	7.436	597.02	
MEDICAL SUPPLIES	102	12,976		17,933.56	1.38	17.051	175.82	
@DENTIST	308	1,350	\$	44,857.65	\$ 33.23	1.774	\$ 145.64	\$
VISITS - DIAGNOSTIC	230	884		10,567.00	11.95	1.162	45.94	
ORAL SURGERY	54	140		8,118.75	57.99	.184	150.35	
DRUGS	2	2		30.00	15.00	.003	15.00	
ANESTHESIA	12	12		1,200.00	100.00	.016	100.00	
PERIODONTICS	18	18		1,998.00	111.00	.024	111.00	
ENDODONTICS	24	37		6,565.00	177.43	.049	273.54	
RESTORATIVE DENTISTRY	78	190		12,715.00	66.92	.250	163.01	
PROSTHETICS	2	2		60.00	30.00	.003	30.00	
DENTURES, STAYPLATES	12	37		3,503.90	94.70	.049	291.99	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	1	1		100.00	100.00	.001	100.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	1	8		.00	.00	.011	.00	
ALL OTHER SERVICES	11	19		.00	.00	.025	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							
761 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		
@OPTOMETRIST	20	42	\$ 721.33	\$ 17.17	.055	\$ 36.07	\$	
DIAGNOSTIC AND ANC. PROCED	6	7	181.79	25.97	.009	30.30		
EYE APPLIANCES	16	33	533.19	16.16	.043	33.32		
OTHER OPTOMETRIC SERVICES	1	2	6.35	3.18	.003	6.35		
@CHIROPRACOR	0	0	.00	.00	.000	.00	\$	\$
VISITS	0	0	.00	.00	.000	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00		
@PODIATRIST	46	89	\$ 2,031.45	\$ 22.83	.117	\$ 44.16	\$	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		
OTHER	46	89	2,031.45	22.83	.117	44.16		
@HOME HEALTH AGENCY	50	7,642	\$ 269,406.48	\$ 35.25	10.042	\$ 5388.13	\$	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$	\$
@TOTAL HOSPITAL	140	436	\$ 76,300.61	\$ 175.00	.573	\$ 545.00	\$	

HOSP INPATIENT TOTAL	35	32	65,966.47	2061.45	.042	1884.76
HSC HOSPITALS	6	23	37,852.00	1645.74	.030	6308.67
NON-HSC HOSPITALS TOTAL	1	9	5,487.90	609.77	.012	5487.90
ACCOMMODATIONS	1	9	2,081.70	231.30	.012	2081.70
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	1	9	2,081.70	231.30	.012	2081.70
ANCILLARIES	1	0	3,406.20	.00	.000	3406.20
INPATIENT CROSSOVERS	28	0	22,626.57	.00	.000	808.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	107	404	10,334.14	25.58	.531	96.58
MEDICAL	13	17	475.87	27.99	.022	36.61
SURGERY	2	2	37.24	18.62	.003	18.62
PATHOLOGY	18	69	876.83	12.71	.091	48.71
RADIOLOGY	12	16	820.44	51.28	.021	68.37
ROOM USE	23	28	984.71	35.17	.037	42.81
CROSSOVERS/ALL OTH OUTPTNT	67	272	7,139.05	26.25	.357	106.55
@COUNTY HOSPITAL TOTAL	9	16	\$ 439.14	\$ 27.45	.021	\$ 48.79
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	9	16	439.14	27.45	.021	48.79
MEDICAL	2	2	145.44	72.72	.003	72.72
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	3	6	57.49	9.58	.008	19.16
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	5	8	236.21	29.53	.011	47.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G					

761 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE -	
					UNITS/DAYS PER ELIG	COST PER USER
@COMMUNITY HOSPITAL TOTAL	131	420	\$ 75,861.47	\$ 180.62	.552	\$ 579.10
COMM HOSP INPATIENT TOTAL	35	32	65,966.47	2061.45	.042	1884.76
HSC HOSPITALS	6	23	37,852.00	1645.74	.030	6308.67
NON-HSC HOSPITALS TOTAL	1	9	5,487.90	609.77	.012	5487.90
ACCOMMODATIONS	1	9	2,081.70	231.30	.012	2081.70
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	1	9	2,081.70	231.30	.012	2081.70
ANCILLARIES	1	0	3,406.20	.00	.000	3406.20
INPATIENT CROSSOVERS	28	0	22,626.57	.00	.000	808.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	98	388	9,895.00	25.50	.510	100.97
MEDICAL	11	15	330.43	22.03	.020	30.04
SURGERY	2	2	37.24	18.62	.003	18.62

PATHOLOGY	15	63		819.34	13.01	.083	54.62	
RADIOLOGY	12	16		820.44	51.28	.021	68.37	
ROOM USE	23	28		984.71	35.17	.037	42.81	
CROSSEOVERS/ALL OTH OUTPTNT	62	264		6,902.84	26.15	.347	111.34	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	3	35	\$	8,288.70	236.82	.046	2762.90	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	3	35		8,288.70	236.82	.046	2762.90	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	3	3	\$	1,100.80	366.93	.004	366.93	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	3	3		1,100.80	366.93	.004	366.93	
@REHABILITATION FACILITY	88	1,450	\$	19,000.01	13.10	1.905	215.91	\$
HOSPITAL BASED	4	6		301.56	50.26	.008	75.39	
INDEPENDENT FACILITY	84	1,444		18,698.45	12.95	1.898	222.60	
@LABORATORY FACILITY	8	27	\$	293.67	10.88	.035	36.71	\$
PATHOLOGY	6	22		241.89	11.00	.029	40.32	
XO AND OTHERS	2	5		51.78	10.36	.007	25.89	
@ORGANIZED OUTPATIENT CLINIC	1,358	3,133	\$	706,500.74	225.50	4.117	520.25	\$
CLINIC	6	6		111.04	18.51	.008	18.51	
SURGICENTER	2	10		908.16	90.82	.013	454.08	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	1,350	3,117		705,481.54	226.33	4.096	522.58	

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

761 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	638	67,087	\$ 459,955.35	\$ 6.86	88.156	\$ 720.93	\$
DURABLE MED. EQUIP.	30	133	29,563.80	222.28	.175	985.46	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	7	38	855.79	22.52	.050	122.26	
AMBULANCES/AIR TRANS	7	37	845.91	22.86	.049	120.84	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	9.88	9.88	.001	9.88	
ACUPUNCTURE	7	21	351.65	16.75	.028	50.24	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.001	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	46	5,621	172,398.53	30.67	7.386	3747.79	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	174	426	3,988.82	9.36	.560	22.92	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	12	59	11,989.35	203.21	.078	999.11	



PROSTHETICS	12	59		11,989.35	203.21	.078	999.11	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	10		439.42	43.94	.013	219.71	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	237	23,428		103,616.79	4.42	30.786	437.20	
EPSDT SUPPLEMENTAL SERVICE	23	4,314		115,087.34	26.68	5.669	5003.80	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	139	33,036		21,558.86	.65	43.411	155.10	
@CALIF. CHILDREN SERVICES*	336	52,491	\$	529,598.39	\$ 10.09	68.976	\$ 1576.19	\$
@XOVER EXCLUDING STATE HOSP**	250	6,739	\$	46,590.67	\$ 6.91	8.855	\$ 186.36	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

43,000 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@TOTAL, ALL PROVIDERS	30,552	128,516	\$ 12,675,465.35	\$ 98.63	2.989	\$ 414.88	\$
@PHYSICIANS SERVICES	4,339	13,129	\$ 1,103,101.00	\$ 84.02	.305	\$ 254.23	\$
OUTPATIENT VISITS	2,387	3,494	221,814.89	63.48	.081	92.93	
OFFICE VISITS	507	592	32,371.54	54.68	.014	63.85	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	982	1,102	69,177.47	62.77	.026	70.45	
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	
OB VISITS/COMPRE PERI	794	1,518	109,100.00	71.87	.035	137.41	
OTHER OUTPATIENT	252	281	11,128.49	39.60	.007	44.16	
INPATIENT VISITS	612	2,078	192,406.85	92.59	.048	314.39	
HOSPITAL VISITS	558	1,236	60,390.82	48.86	.029	108.23	
CRITICAL CARE	111	842	132,016.03	156.79	.020	1189.33	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	28	36	1,760.65	48.91	.001	62.88	

EXAMINATIONS	28	36		1,760.65	48.91	.001	62.88	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	768	2,270		400,907.82	176.61	.053	522.02	
PRINCIPAL SURGEON	516	574		318,982.78	555.72	.013	618.18	
ASSISTANT SURGEON	112	112		21,330.35	190.45	.003	190.45	
ANESTHESIOLOGIST	266	1,584		60,594.69	38.25	.037	227.80	
OUTPATIENT SURGERY	292	749		59,379.64	79.28	.017	203.35	
PRINCIPAL SURGEON	240	358		46,292.62	129.31	.008	192.89	
ASSISTANT SURGEON	1	1		186.50	186.50	.000	186.50	
ANESTHESIOLOGIST	68	390		12,900.52	33.08	.009	189.71	
DIALYSIS	2	2		432.53	216.27	.000	216.27	
PATHOLOGY	378	791		10,101.56	12.77	.018	26.72	
RADIOLOGY	1,361	1,996		81,513.46	40.84	.046	59.89	
PSYCHIATRY	1	1		64.88	64.88	.000	64.88	
IMMUNIZATION AND INJECTION	37	52		1,264.45	24.32	.001	34.17	
OTHER SERVICES/ALL X-OVERS	704	1,660		133,454.27	80.39	.039	189.57	
@PHARMACY	3,188	11,086	\$	1,114,083.40	\$ 100.49	.258	\$ 349.46	\$
PRESCRIPTION DRUGS	3,029	5,836		417,229.10	71.49	.136	137.74	
SNF/ICF	6	9		2,886.69	320.74	.000	481.12	
OUTPATIENTS	3,023	5,827		414,342.41	71.11	.136	137.06	
MEDICAL SUPPLIES	332	5,250		696,854.30	132.73	.122	2098.96	
@DENTIST	7,035	34,423	\$	985,889.02	\$ 28.64	.801	\$ 140.14	\$
VISITS - DIAGNOSTIC	5,628	23,523		319,707.74	13.59	.547	56.81	
ORAL SURGERY	753	1,734		113,047.99	65.19	.040	150.13	
DRUGS	367	402		9,198.75	22.88	.009	25.06	
ANESTHESIA	168	172		15,442.96	89.78	.004	91.92	
PERIODONTICS	187	189		20,538.00	108.67	.004	109.83	
ENDODONTICS	533	1,149		138,106.45	120.20	.027	259.11	
RESTORATIVE DENTISTRY	2,007	6,311		320,612.40	50.80	.147	159.75	
PROSTHETICS	29	32		810.00	25.31	.001	27.93	
DENTURES, STAYPLATES	44	150		17,301.00	115.34	.003	393.20	
SPACE MAINTAINERS	55	63		8,213.00	130.37	.001	149.33	
MAXILLOFACIAL SERVICES	8	10		887.75	88.78	.000	110.97	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	213	270		21,197.98	78.51	.006	99.52	
ALL OTHER SERVICES	234	418		825.00	1.97	.010	3.53	
#CALIF DEPT OF HEALTH SERV								PA
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

	43,000 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@OPTOMETRIST	21	52	\$	941.02	\$ 18.10	.001	\$ 44.81	\$
DIAGNOSTIC AND ANC. PROCED	16	18		453.94	25.22	.000	28.37	
EYE APPLIANCES	12	34		487.08	14.33	.001	40.59	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000	.00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	98	417	\$	17,521.10	\$ 42.02	.010	\$ 178.79	\$

NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	1	32	\$	1,174.60	\$	36.71	.001	\$	1174.60	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	3,423	16,258	\$	5,844,382.85	\$	359.48	.378	\$	1707.39	\$
HOSP INPATIENT TOTAL	662	2,800		5,488,773.03		1960.28	.065		8291.20	
HSC HOSPITALS	264	1,053		2,103,977.41		1998.08	.024		7969.61	
NON-HSC HOSPITAL TOTAL	402	1,747		3,382,971.62		1936.45	.041		8415.35	
ACCOMMODATIONS	402	1,747		933,484.60		534.34	.041		2322.10	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	402	1,747		933,484.60		534.34	.041		2322.10	
ANCILLARIES	402	0		2,449,487.02		.00	.000		6093.25	
INPATIENT CROSSOVERS	2	0		1,824.00		.00	.000		912.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	3,098	13,458		355,609.82		26.42	.313		114.79	
MEDICAL	318	454		26,060.38		57.40	.011		81.95	
SURGERY	258	307		13,482.22		43.92	.007		52.26	
PATHOLOGY	1,226	4,522		49,397.15		10.92	.105		40.29	
RADIOLOGY	663	858		69,874.02		81.44	.020		105.39	
ROOM USE	1,586	2,082		81,773.28		39.28	.048		51.56	
CROSSOVERS/ALL OTH OUTPTNT	1,621	5,235		115,022.77		21.97	.122		70.96	
@COUNTY HOSPITAL TOTAL	51	188	\$	80,303.45	\$	427.15	.004	\$	1574.58	\$
CO HOSPITAL INPATIENT TOTAL	16	58		74,590.46		1286.04	.001		4661.90	
HSC HOSPITALS	15	57		74,219.12		1302.09	.001		4947.94	
NON-HSC HOSPITALS TOTAL	1	1		371.34		371.34	.000		371.34	
ACCOMMODATIONS	1	1		231.30		231.30	.000		231.30	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	1		231.30		231.30	.000		231.30	
ANCILLARIES	1	0		140.04		.00	.000		140.04	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	39	130		5,712.99		43.95	.003		146.49	
MEDICAL	15	20		1,300.31		65.02	.000		86.69	
SURGERY	2	2		152.93		76.47	.000		76.47	
PATHOLOGY	8	14		151.01		10.79	.000		18.88	
RADIOLOGY	7	16		834.55		52.16	.000		119.22	
ROOM USE	28	37		1,504.56		40.66	.001		53.73	
CROSSOVERS/ALL OTH OUTPTNT	14	41		1,769.63		43.16	.001		126.40	

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MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

43,000 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@COMMUNITY HOSPITAL TOTAL	3,373	16,070	\$ 5,764,079.40	\$ 358.69	.374	\$ 1708.89	\$
COMM HOSP INPATIENT TOTAL	646	2,742	5,414,182.57	1974.54	.064	8381.09	
HSC HOSPITALS	249	996	2,029,758.29	2037.91	.023	8151.64	
NON-HSC HOSPITALS TOTAL	401	1,746	3,382,600.28	1937.34	.041	8435.41	
ACCOMMODATIONS	401	1,746	933,253.30	534.51	.041	2327.31	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	401	1,746	933,253.30	534.51	.041	2327.31	
ANCILLARIES	401	0	2,449,346.98	.00	.000	6108.10	

INPATIENT CROSSOVERS	2	0		1,824.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,059	13,328		349,896.83	26.25	.310	114.38	
MEDICAL	303	434		24,760.07	57.05	.010	81.72	
SURGERY	256	305		13,329.29	43.70	.007	52.07	
PATHOLOGY	1,218	4,508		49,246.14	10.92	.105	40.43	
RADIOLOGY	656	842		69,039.47	81.99	.020	105.24	
ROOM USE	1,558	2,045		80,268.72	39.25	.048	51.52	
CROSSOVERS/ALL OTH OUTPTNT	1,607	5,194		113,253.14	21.80	.121	70.47	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	1	8	\$	1,894.56	236.82	.000	1894.56	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	1	8		1,894.56	236.82	.000	1894.56	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	2	111	\$	3,386.74	30.51	.003	1693.37	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	2	111		3,386.74	30.51	.003	1693.37	
@REHABILITATION FACILITY	127	1,329	\$	22,394.28	16.85	.031	176.33	\$
HOSPITAL BASED	55	264		7,618.28	28.86	.006	138.51	
INDEPENDENT FACILITY	72	1,065		14,776.00	13.87	.025	205.22	
@LABORATORY FACILITY	1,287	3,875	\$	48,255.85	12.45	.090	37.49	\$
PATHOLOGY	1,287	3,875		48,255.85	12.45	.090	37.49	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	12,951	23,702	\$	3,271,146.95	138.01	.551	252.58	\$
CLINIC	435	2,165		57,374.34	26.50	.050	131.90	
SURGICENTER	1	1		60.00	60.00	.000	60.00	
HEROIN DETOX CLINIC	1	11		139.36	12.67	.000	139.36	
RURAL HEALTH CLINIC	12,521	21,525		3,213,573.25	149.29	.501	256.65	

#CALIF DEPT OF HEALTH SERV MOP024  
SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

43,000 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@ALL OTHER PROVIDERS	3,750	24,094	\$ 261,293.98	\$ 10.84	.560	\$ 69.68	\$
DURABLE MED. EQUIP.	17	119	4,767.94	40.07	.003	280.47	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	5	10	4,372.38	437.24	.000	874.48	
MEDICAL TRANSPORTATION	116	1,512	34,416.13	22.76	.035	296.69	
AMBULANCES/AIR TRANS	115	1,475	20,290.55	13.76	.034	176.44	
OTHER TRANS	1	8	43.10	5.39	.000	43.10	
OTHER SERVICES	29	29	14,082.48	485.60	.001	485.60	
ACUPUNCTURE	16	39	692.48	17.76	.001	43.28	
ADULT DAY HEALTH CARE CTR	5	53	3,687.74	69.58	.001	737.55	
GENETIC DISEASE TESTING	248	248	25,992.00	104.81	.006	104.81	
IHMC,MODEL-NF,NF,AIDS,MSSP	9	368	10,308.36	28.01	.009	1145.37	

OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	1,215	2,732	24,684.98	9.04	.064	20.32
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	10	53	9,837.62	185.62	.001	983.76
PROSTHETICS	10	53	9,837.62	185.62	.001	983.76
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	33	139	5,214.71	37.52	.003	158.02
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	2,078	11,537	128,252.67	11.12	.268	61.72
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	20	7,284	9,066.97	1.24	.169	453.35
@CALIF. CHILDREN SERVICES*	1,939	23,294	\$ 3,063,967.26	\$ 131.53	.542	\$ 1580.18
@XOVER EXCLUDING STATE HOSP**	4	2	\$ 1,841.13	\$ 920.57	.000	\$ 460.28

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

43,825 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	35,791	250,343	\$ 15,972,276.32	\$ 63.80	5.712	\$ 446.27	\$
@PHYSICIANS SERVICES	4,540	13,894	\$ 1,121,019.44	\$ 80.68	.317	\$ 246.92	\$
OUTPATIENT VISITS	2,431	3,546	224,032.56	63.18	.081	92.16	
OFFICE VISITS	529	619	33,289.02	53.78	.014	62.93	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	989	1,110	69,854.85	62.93	.025	70.63	
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	
OB VISITS/COMPRE PERI	794	1,518	109,100.00	71.87	.035	137.41	
OTHER OUTPATIENT	268	298	11,751.30	39.43	.007	43.85	
INPATIENT VISITS	616	2,091	192,850.46	92.23	.048	313.07	
HOSPITAL VISITS	562	1,249	60,834.43	48.71	.028	108.25	
CRITICAL CARE	111	842	132,016.03	156.79	.019	1189.33	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	35	45	2,068.37	45.96	.001	59.10	
EXAMINATIONS	35	45	2,068.37	45.96	.001	59.10	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	770	2,301	401,607.76	174.54	.053	521.57	
PRINCIPAL SURGEON	516	574	318,982.78	555.72	.013	618.18	
ASSISTANT SURGEON	112	112	21,330.35	190.45	.003	190.45	
ANESTHESIOLOGIST	268	1,615	61,294.63	37.95	.037	228.71	
OUTPATIENT SURGERY	303	774	61,672.15	79.68	.018	203.54	
PRINCIPAL SURGEON	248	370	48,112.61	130.03	.008	194.00	
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	
ANESTHESIOLOGIST	71	403	13,373.04	33.18	.009	188.35	
DIALYSIS	2	2	432.53	216.27	.000	216.27	
PATHOLOGY	388	874	11,103.39	12.70	.020	28.62	
RADIOLOGY	1,382	2,032	82,725.11	40.71	.046	59.86	
PSYCHIATRY	2	2	88.10	44.05	.000	44.05	

IMMUNIZATION AND INJECTION	39	57		1,291.70	22.66	.001	33.12	
OTHER SERVICES/ALL X-OVERS	836	2,170		143,147.31	65.97	.050	171.23	
@PHARMACY	5,171	42,325	\$	2,247,553.61	\$ 53.10	.966	\$ 434.65	\$
PRESCRIPTION DRUGS	4,966	11,881		1,530,251.42	128.80	.271	308.15	
SNF/ICF	95	218		58,712.34	269.32	.005	618.02	
OUTPATIENTS	4,875	11,663		1,471,539.08	126.17	.266	301.85	
MEDICAL SUPPLIES	448	30,444		717,302.19	23.56	.695	1601.12	
@DENTIST	7,629	37,007	\$	1,079,414.77	\$ 29.17	.844	\$ 141.49	\$
VISITS - DIAGNOSTIC	6,061	25,097		338,556.79	13.49	.573	55.86	
ORAL SURGERY	858	2,088		130,062.24	62.29	.048	151.59	
DRUGS	370	406		9,243.75	22.77	.009	24.98	
ANESTHESIA	192	199		17,742.96	89.16	.005	92.41	
PERIODONTICS	222	225		24,597.00	109.32	.005	110.80	
ENDODONTICS	574	1,211		149,367.45	123.34	.028	260.22	
RESTORATIVE DENTISTRY	2,131	6,598		340,751.45	51.64	.151	159.90	
PROSTHETICS	36	41		1,235.00	30.12	.001	34.31	
DENTURES, STAYPLATES	95	306		36,584.40	119.56	.007	385.10	
SPACE MAINTAINERS	55	63		8,213.00	130.37	.001	149.33	
MAXILLOFACIAL SERVICES	9	11		987.75	89.80	.000	109.75	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	214	278		21,197.98	76.25	.006	99.06	
ALL OTHER SERVICES	268	484		875.00	1.81	.011	3.26	
#CALIF DEPT OF HEALTH SERV								PA
MOP024								
SANTA CRUZ COUNTY								
				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005				
				FEE-FOR-SERVICE/DENTAL				
				SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL				

	43,825 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	44	104	\$	1,850.86	\$ 17.80	.002	\$ 42.07	\$
DIAGNOSTIC AND ANC. PROCED	23	26		675.17	25.97	.001	29.36	
EYE APPLIANCES	31	76		1,169.34	15.39	.002	37.72	
OTHER OPTOMETRIC SERVICES	1	2		6.35	3.18	.000	6.35	
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	47	91	\$	2,032.18	\$ 22.33	.002	\$ 43.24	\$

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		
SURGERY/ANES.	0	0		.00	.00	.000	.00		
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		
OTHER	47	91		2,032.18	22.33	.002	43.24		
@HOME HEALTH AGENCY	148	8,059	\$	286,927.58	\$ 35.60	.184	\$ 1938.70	\$	
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
NURSE MIDWIFE	1	32	\$	1,174.60	\$ 36.71	.001	\$ 1174.60	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
@TOTAL HOSPITAL	3,573	16,736	\$	5,952,209.13	\$ 355.65	.382	\$ 1665.89	\$	
HOSP INPATIENT TOTAL	703	2,850		5,585,721.08	1959.90	.065	7945.55		
HSC HOSPITALS	270	1,076		2,141,829.41	1990.55	.025	7932.70		
NON-HSC HOSPITAL TOTAL	405	1,774		3,425,430.05	1930.91	.040	8457.85		
ACCOMMODATIONS	405	1,774		945,588.70	533.03	.040	2334.79		
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
ALL OTHER ACCOM	405	1,774		945,588.70	533.03	.040	2334.79		
ANCILLARIES	405	0		2,479,841.35	.00	.000	6123.07		
INPATIENT CROSSOVERS	34	0		18,461.62	.00	.000	542.99		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		
HOSP OUTPATIENT TOTAL	3,211	13,886		366,488.05	26.39	.317	114.14		
MEDICAL	332	472		26,618.66	56.40	.011	80.18		
SURGERY	261	310		13,523.46	43.62	.007	51.81		
PATHOLOGY	1,245	4,599		50,350.26	10.95	.105	40.44		
RADIOLOGY	677	876		70,906.75	80.94	.020	104.74		
ROOM USE	1,611	2,112		82,830.67	39.22	.048	51.42		
CROSSOVERS/ALL OTH OUTPTNT	1,692	5,517		122,258.25	22.16	.126	72.26		
@COUNTY HOSPITAL TOTAL	60	204	\$	80,742.59	\$ 395.80	.005	\$ 1345.71	\$	
CO HOSPITAL INPATIENT TOTAL	16	58		74,590.46	1286.04	.001	4661.90		
HSC HOSPITALS	15	57		74,219.12	1302.09	.001	4947.94		
NON-HSC HOSPITALS TOTAL	1	1		371.34	371.34	.000	371.34		
ACCOMMODATIONS	1	1		231.30	231.30	.000	231.30		
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
ALL OTHER ACCOM	1	1		231.30	231.30	.000	231.30		
ANCILLARIES	1	0		140.04	.00	.000	140.04		
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		
CO HOSP OUTPATIENT TOTAL	48	146		6,152.13	42.14	.003	128.17		
MEDICAL	17	22		1,445.75	65.72	.001	85.04		
SURGERY	2	2		152.93	76.47	.000	76.47		
PATHOLOGY	11	20		208.50	10.43	.000	18.95		
RADIOLOGY	7	16		834.55	52.16	.000	119.22		
ROOM USE	28	37		1,504.56	40.66	.001	53.73		
CROSSOVERS/ALL OTH OUTPTNT	19	49		2,005.84	40.94	.001	105.57		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								PA
MOP024	FEE-FOR-SERVICE/DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL								
----- MONTHLY AVERAGE -----									
43,825 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER			
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER			
@COMMUNITY HOSPITAL TOTAL	3,514	16,532	\$ 5,871,466.54	\$ 355.16	.377	\$ 1670.88	\$		
COMM HOSP INPATIENT TOTAL	687	2,792	5,511,130.62	1973.90	.064	8022.02			
HSC HOSPITALS	255	1,019	2,067,610.29	2029.06	.023	8108.28			
NON-HSC HOSPITALS TOTAL	404	1,773	3,425,058.71	1931.79	.040	8477.87			

ACCOMMODATIONS	404	1,773		945,357.40	533.20	.040	2339.99	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	404	1,773		945,357.40	533.20	.040	2339.99	
ANCILLARIES	404	0		2,479,701.31	.00	.000	6137.87	
INPATIENT CROSSOVERS	34	0		18,461.62	.00	.000	542.99	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,163	13,740		360,335.92	26.23	.314	113.92	
MEDICAL	315	450		25,172.91	55.94	.010	79.91	
SURGERY	259	308		13,370.53	43.41	.007	51.62	
PATHOLOGY	1,234	4,579		50,141.76	10.95	.104	40.63	
RADIOLOGY	670	860		70,072.20	81.48	.020	104.59	
ROOM USE	1,583	2,075		81,326.11	39.19	.047	51.37	
CROSSOVERS/ALL OTH OUTPTNT	1,673	5,468		120,252.41	21.99	.125	71.88	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	4	43	\$	10,183.26	\$ 236.82	.001	2545.82	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	4	43		10,183.26	236.82	.001	2545.82	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	6	116	\$	5,419.22	\$ 46.72	.003	903.20	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	6	116		5,419.22	46.72	.003	903.20	
@REHABILITATION FACILITY	215	2,779	\$	41,394.29	\$ 14.90	.063	192.53	\$
HOSPITAL BASED	59	270		7,919.84	29.33	.006	134.23	
INDEPENDENT FACILITY	156	2,509		33,474.45	13.34	.057	214.58	
@LABORATORY FACILITY	1,296	3,874	\$	48,214.62	\$ 12.45	.088	37.20	\$
PATHOLOGY	1,294	3,869		48,162.84	12.45	.088	37.22	
XO AND OTHERS	2	5		51.78	10.36	.000	25.89	
@ORGANIZED OUTPATIENT CLINIC	14,937	29,704	\$	4,351,728.72	\$ 146.50	.678	291.34	\$
CLINIC	441	2,171		57,485.38	26.48	.050	130.35	
SURGICENTER	3	11		968.16	88.01	.000	322.72	
HEROIN DETOX CLINIC	1	11		139.36	12.67	.000	139.36	
RURAL HEALTH CLINIC	14,499	27,511		4,293,135.82	156.05	.628	296.10	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

	43,825 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	4,723	95,579	\$	823,154.04	\$ 8.61	2.181	\$ 174.29	\$
DURABLE MED. EQUIP.	47	252		34,331.74	136.24	.006	730.46	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	5	10		4,372.38	437.24	.000	874.48	
MEDICAL TRANSPORTATION	123	1,550		35,271.92	22.76	.035	286.76	
AMBULANCES/AIR TRANS	122	1,512		21,136.46	13.98	.035	173.25	
OTHER TRANS	1	8		43.10	5.39	.000	43.10	



OTHER SERVICES	30	30	14,092.36	469.75	.001	469.75	
ACUPUNCTURE	23	60	1,044.13	17.40	.001	45.40	
ADULT DAY HEALTH CARE CTR	8	76	5,308.96	69.85	.002	663.62	
GENETIC DISEASE TESTING	249	249	26,097.00	104.81	.006	104.81	
IHMC,MODEL-NF,NF,AIDS,MSSP	146	8,527	276,740.58	32.45	.195	1895.48	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1,621	3,702	34,539.58	9.33	.084	21.31	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	22	112	21,826.97	194.88	.003	992.14	
PROSTHETICS	22	112	21,826.97	194.88	.003	992.14	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	35	149	5,654.13	37.95	.003	161.55	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2,315	34,965	231,869.46	6.63	.798	100.16	
EPSDT SUPPLEMENTAL SERVICE	23	4,314	115,087.34	26.68	.098	5003.80	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	171	41,613	31,009.85	.75	.950	181.34	
@CALIF. CHILDREN SERVICES*	2,275	75,785	\$ 3,593,565.65	\$ 47.42	1.729	\$ 1579.59	\$
@XOVER EXCLUDING STATE HOSP**	282	6,794	\$ 43,955.62	\$ 6.47	.155	\$ 155.87	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - SOC - AGED      AID CODE 17 1Y

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER	C E	
					PER ELIG      USER		
@TOTAL, ALL PROVIDERS	29	115	\$ 8,600.67	\$ 74.79	12.778	\$ 296.57	\$
@PHYSICIANS SERVICES	1	3	\$ 10.01	\$ 3.34	.333	\$ 10.01	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	

ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	1	3		10.01	3.34	.333	10.01
@PHARMACY	9	24	\$	2,118.90	\$ 88.29	2.667	\$ 235.43
PRESCRIPTION DRUGS	9	24		2,118.90	88.29	2.667	235.43
SNF/ICF	3	9		903.68	100.41	1.000	301.23
OUTPATIENTS	6	15		1,215.22	81.01	1.667	202.54
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00
@DENTIST	4	29	\$	572.00	\$ 19.72	3.222	\$ 143.00
VISITS - DIAGNOSTIC	4	21		255.00	12.14	2.333	63.75
ORAL SURGERY	1	2		80.00	40.00	.222	80.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	1	1		.00	.00	.111	.00
RESTORATIVE DENTISTRY	1	5		237.00	47.40	.556	237.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED						
	AID CODE 17 1Y						

09 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED						
	AID CODE 17 1Y						
	----- MONTHLY AVERAGE -						
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E	
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		
HSC HOSPITALS	0	0		.00	.00	.000	.00		
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		
ACCOMMODATIONS	0	0		.00	.00	.000	.00		
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		
ANCILLARIES	0	0		.00	.00	.000	.00		
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		
MEDICAL	0	0		.00	.00	.000	.00		
SURGERY	0	0		.00	.00	.000	.00		
PATHOLOGY	0	0		.00	.00	.000	.00		
RADIOLOGY	0	0		.00	.00	.000	.00		
ROOM USE	0	0		.00	.00	.000	.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
MENTALLY ILL	0	0		.00	.00	.000	.00		
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		
LEV B-REHAB MD	0	0		.00	.00	.000	.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
LEV B-REGULAR	0	0		.00	.00	.000	.00		
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
ICF DDH	0	0		.00	.00	.000	.00		
ICF DD	0	0		.00	.00	.000	.00		
ICF DDN/DDCN	0	0		.00	.00	.000	.00		
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
HOSPITAL BASED	0	0		.00	.00	.000	.00		
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
HOSPITAL BASED	0	0		.00	.00	.000	.00		
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
PATHOLOGY	0	0		.00	.00	.000	.00		
XO AND OTHERS	0	0		.00	.00	.000	.00		
@ORGANIZED OUTPATIENT CLINIC	7	13	\$	2,839.42	\$ 218.42	1.444	\$ 405.63	\$	
CLINIC	0	0		.00	.00	.000	.00		
SURGICENTER	0	0		.00	.00	.000	.00		
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		
RURAL HEALTH CLINIC	7	13		2,839.42	218.42	1.444	405.63		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								PA
MOP024	FEE-FOR-SERVICE/DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - SOC - AGED								
				AID CODE 17 1Y					
				----- MONTHLY AVERAGE -					
09 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	USER	C	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG			E	
@ALL OTHER PROVIDERS	9	46	\$ 3,060.34	\$ 66.53	5.111	\$ 340.04	\$		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00			

BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	6	34	2,765.08	81.33	3.778	460.85
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	2	4	33.06	8.27	.444	16.53
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	2	8	262.20	32.78	.889	131.10
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	3	11	\$ 272.21	\$ 24.75	1.222	\$ 90.74

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND	AID CODE 27	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	

ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - SOC - BLIND					
	AID CODE 27					
	----- MONTHLY AVERAGE -					
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00

@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - SOC - BLIND      AID CODE 27



00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	359	2,755	\$ 358,739.94	\$ 130.21	2755.000	\$ 999.28	\$35
@PHYSICIANS SERVICES	1	1	\$ 8.54	\$ 8.54	1.000	\$ 8.54	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	

OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	1	1	8.54	8.54	1.000	8.54
@PHARMACY	227	652	\$ 224,119.22	\$ 343.74	652.000	\$ 987.31 \$22
PRESCRIPTION DRUGS	227	652	224,119.22	343.74	652.000	987.31 22
SNF/ICF	19	95	21,466.09	225.96	95.000	1129.79 2
OUTPATIENTS	208	557	202,653.13	363.83	557.000	974.29 20
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	19	84	\$ 3,952.00	\$ 47.05	84.000	\$ 208.00 \$
VISITS - DIAGNOSTIC	15	46	721.00	15.67	46.000	48.07
ORAL SURGERY	3	3	90.00	30.00	3.000	30.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	1	1	.00	.00	1.000	.00
ENDODONTICS	1	1	215.00	215.00	1.000	215.00
RESTORATIVE DENTISTRY	6	26	1,646.00	63.31	26.000	274.33
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	2	6	1,280.00	213.33	6.000	640.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	1	1	.00	.00	1.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@OPTOMETRIST	1	4	\$ 50.86	\$ 12.72	4.000	\$ 50.86	\$
DIAGNOSTIC AND ANC. PROCED	1	1	8.01	8.01	1.000	8.01	
EYE APPLIANCES	1	3	42.85	14.28	3.000	42.85	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	

@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

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MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

						----- MONTHLY AVERAGE -----			
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		C E	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	\$	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00			
HSC HOSPITALS	0	0	.00	.00	.000	.00			
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00			
ACCOMMODATIONS	0	0	.00	.00	.000	.00			
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00			
ALL OTHER ACCOM	0	0	.00	.00	.000	.00			

ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	1	30	\$	3,361.83	\$	112.06	30.000	\$ 3361.83 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	1	30		3,361.83		112.06	30.000	3361.83
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00 \$
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	112	337	\$	84,729.98	\$	251.42	337.000	\$ 756.52 \$ 8
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	112	337		84,729.98		251.42	337.000	756.52 8

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA

MOP024      FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - SOC - DISABLED      AID CODES 65 67 6W 6Y

						----- MONTHLY AVERAGE -		
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	52	1,647	\$	42,517.51	\$ 25.82	1647.000	\$ 817.64	\$ 4
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	

IHMC,MODEL-NF,NF,AIDS,MSSP	43	1,627	42,319.10	26.01	1627.000	984.17	4
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	10	20	198.41	9.92	20.000	19.84	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 8.54	\$ 8.54	1.000	\$ 8.54	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	110	967	\$ 90,175.36	\$ 93.25	37.192	\$ 819.78	\$
@PHYSICIANS SERVICES	29	104	\$ 8,492.62	\$ 81.66	4.000	\$ 292.85	\$
OUTPATIENT VISITS	9	12	591.51	49.29	.462	65.72	
OFFICE VISITS	1	2	67.06	33.53	.077	67.06	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	2	2	157.79	78.90	.077	78.90	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	

OTHER OUTPATIENT	7	8		366.66	45.83	.308	52.38	
INPATIENT VISITS	5	15		1,081.28	72.09	.577	216.26	
HOSPITAL VISITS	5	15		1,081.28	72.09	.577	216.26	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	4	16		2,947.39	184.21	.615	736.85	
PRINCIPAL SURGEON	3	6		2,663.20	443.87	.231	887.73	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	1	10		284.19	28.42	.385	284.19	
OUTPATIENT SURGERY	7	23		1,494.18	64.96	.885	213.45	
PRINCIPAL SURGEON	4	7		898.22	128.32	.269	224.56	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	3	16		595.96	37.25	.615	198.65	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	3	12		623.21	51.93	.462	207.74	
RADIOLOGY	10	18		1,481.72	82.32	.692	148.17	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	6	8		273.33	34.17	.308	45.56	
@PHARMACY	24	97	\$	27,579.52	\$ 284.32	3.731	\$ 1149.15	\$
PRESCRIPTION DRUGS	23	76		26,697.93	351.29	2.923	1160.78	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	23	76		26,697.93	351.29	2.923	1160.78	
MEDICAL SUPPLIES	6	21		881.59	41.98	.808	146.93	
@DENTIST	29	111	\$	6,445.67	\$ 58.07	4.269	\$ 222.26	\$
VISITS - DIAGNOSTIC	20	53		914.00	17.25	2.038	45.70	
ORAL SURGERY	4	28		1,197.00	42.75	1.077	299.25	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	2	2		173.00	86.50	.077	86.50	
ENDODONTICS	4	5		1,090.00	218.00	.192	272.50	
RESTORATIVE DENTISTRY	10	19		941.67	49.56	.731	94.17	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	1	4		1,380.00	345.00	.154	1380.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	1	2		750.00	375.00	.077	750.00	
ALL OTHER SERVICES	0	2CR		.00	.00	.077CR	.00	
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005				PA
MOP024				FEE-FOR-SERVICE/DENTAL				
SANTA CRUZ COUNTY				SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37				

	26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0		0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0		0	.00	.00	.000	.00	
EYE APPLIANCES	0		0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	
@CHIROPRACTOR	0		0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0		0	.00	.00	.000	.00	
OTHER SERVICES	0		0	.00	.00	.000	.00	

@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.038	\$	74.86	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	22	600	\$	40,464.61	\$	67.44	23.077	\$	1839.30	\$
HOSP INPATIENT TOTAL	3	14		25,164.00		1797.43	.538		8388.00	
HSC HOSPITALS	3	14		25,164.00		1797.43	.538		8388.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	20	586		15,300.61		26.11	22.538		765.03	
MEDICAL	3	15		439.98		29.33	.577		146.66	
SURGERY	4	4		201.31		50.33	.154		50.33	
PATHOLOGY	13	222		2,400.34		10.81	8.538		184.64	
RADIOLOGY	9	16		9,975.42		623.46	.615		1108.38	
ROOM USE	11	21		634.04		30.19	.808		57.64	
CROSSOVERS/ALL OTH OUTPTNT	6	308		1,649.52		5.36	11.846		274.92	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV										PA
MOP024										
SANTA CRUZ COUNTY										

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	22		600	\$ 40,464.61	\$ 67.44	23.077	\$ 1839.30	\$
COMM HOSP INPATIENT TOTAL	3		14	25,164.00	1797.43	.538	8388.00	
HSC HOSPITALS	3		14	25,164.00	1797.43	.538	8388.00	

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	20	586		15,300.61	26.11	22.538	765.03
MEDICAL	3	15		439.98	29.33	.577	146.66
SURGERY	4	4		201.31	50.33	.154	50.33
PATHOLOGY	13	222		2,400.34	10.81	8.538	184.64
RADIOLOGY	9	16		9,975.42	623.46	.615	1108.38
ROOM USE	11	21		634.04	30.19	.808	57.64
CROSSOVERS/ALL OTH OUTPTNT	6	308		1,649.52	5.36	11.846	274.92
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	1	5	\$	77.29	15.46	.192	77.29
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	1	5		77.29	15.46	.192	77.29
@LABORATORY FACILITY	0	0	\$	.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	20	25	\$	4,996.05	199.84	.962	249.80
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	20	25		4,996.05	199.84	.962	249.80

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

	26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C
@ALL OTHER PROVIDERS	11	24	\$	2,044.74	\$ 85.20	.923	\$ 185.89	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	1		1,800.00	1800.00	.038	1800.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	



OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.038	1800.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	3	6	68.80	11.47	.231	22.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	1	6	70.74	11.79	.231	70.74
PROSTHETICS	1	6	70.74	11.79	.231	70.74
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	6	11	105.20	9.56	.423	17.53
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	44	800	\$ 73,746.08	\$ 92.18	30.769	\$ 1676.05
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - SOC - TOTAL

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER	C
					PER ELIG      USER	E
@TOTAL, ALL PROVIDERS	498	3,837	\$ 457,515.97	\$ 119.24	106.583      \$ 918.71	\$ 1
@PHYSICIANS SERVICES	31	108	\$ 8,511.17	\$ 78.81	3.000      \$ 274.55	\$
OUTPATIENT VISITS	9	12	591.51	49.29	.333      65.72	
OFFICE VISITS	1	2	67.06	33.53	.056      67.06	
HOME VISITS	0	0	.00	.00	.000      .00	
EMERGENCY ROOM	2	2	157.79	78.90	.056      78.90	
PREVENTIVE CARE	0	0	.00	.00	.000      .00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000      .00	
OTHER OUTPATIENT	7	8	366.66	45.83	.222      52.38	
INPATIENT VISITS	5	15	1,081.28	72.09	.417      216.26	
HOSPITAL VISITS	5	15	1,081.28	72.09	.417      216.26	
CRITICAL CARE	0	0	.00	.00	.000      .00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000      .00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000      .00	
EXAMINATIONS	0	0	.00	.00	.000      .00	
SERVICES AND MATERIALS	0	0	.00	.00	.000      .00	
INPATIENT HOSPITAL SURGERY	4	16	2,947.39	184.21	.444      736.85	
PRINCIPAL SURGEON	3	6	2,663.20	443.87	.167      887.73	
ASSISTANT SURGEON	0	0	.00	.00	.000      .00	
ANESTHESIOLOGIST	1	10	284.19	28.42	.278      284.19	
OUTPATIENT SURGERY	7	23	1,494.18	64.96	.639      213.45	
PRINCIPAL SURGEON	4	7	898.22	128.32	.194      224.56	

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	3	16	595.96	37.25	.444	198.65	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	3	12	623.21	51.93	.333	207.74	
RADIOLOGY	10	18	1,481.72	82.32	.500	148.17	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	8	12	291.88	24.32	.333	36.49	
@PHARMACY	260	773	\$ 253,817.64	\$ 328.35	21.472	\$ 976.22	
PRESCRIPTION DRUGS	259	752	252,936.05	336.35	20.889	976.59	
SNF/ICF	22	104	22,369.77	215.09	2.889	1016.81	
OUTPATIENTS	237	648	230,566.28	355.81	18.000	972.85	
MEDICAL SUPPLIES	6	21	881.59	41.98	.583	146.93	
@DENTIST	52	224	\$ 10,969.67	\$ 48.97	6.222	\$ 210.96	
VISITS - DIAGNOSTIC	39	120	1,890.00	15.75	3.333	48.46	
ORAL SURGERY	8	33	1,367.00	41.42	.917	170.88	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	3	3	173.00	57.67	.083	57.67	
ENDODONTICS	6	7	1,305.00	186.43	.194	217.50	
RESTORATIVE DENTISTRY	17	50	2,824.67	56.49	1.389	166.16	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	3	10	2,660.00	266.00	.278	886.67	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	1	2	750.00	375.00	.056	750.00	
ALL OTHER SERVICES	1	1CR	.00	.00	.028CR	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL						

	36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	1	4	\$	50.86	\$ 12.72	.111	\$ 50.86	\$
DIAGNOSTIC AND ANC. PROCED	1	1		8.01	8.01	.028	8.01	

EYE APPLIANCES	1	3		42.85	14.28	.083	42.85	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.000	.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$	.000	.00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.028	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$
@TOTAL HOSPITAL	22	600	\$	40,464.61	\$	67.44	16.667	\$
HOSP INPATIENT TOTAL	3	14		25,164.00		1797.43	.389	
HSC HOSPITALS	3	14		25,164.00		1797.43	.389	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	
ACCOMMODATIONS	0	0		.00		.00	.000	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	
ALL OTHER ACCOM	0	0		.00		.00	.000	
ANCILLARIES	0	0		.00		.00	.000	
INPATIENT CROSSOVERS	0	0		.00		.00	.000	
ALL OTHER INPATIENT	0	0		.00		.00	.000	
HOSP OUTPATIENT TOTAL	20	586		15,300.61		26.11	16.278	
MEDICAL	3	15		439.98		29.33	.417	
SURGERY	4	4		201.31		50.33	.111	
PATHOLOGY	13	222		2,400.34		10.81	6.167	
RADIOLOGY	9	16		9,975.42		623.46	.444	
ROOM USE	11	21		634.04		30.19	.583	
CROSSOVERS/ALL OTH OUTPTNT	6	308		1,649.52		5.36	8.556	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	
HSC HOSPITALS	0	0		.00		.00	.000	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	
ACCOMMODATIONS	0	0		.00		.00	.000	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	
ALL OTHER ACCOM	0	0		.00		.00	.000	
ANCILLARIES	0	0		.00		.00	.000	
INPATIENT CROSSOVERS	0	0		.00		.00	.000	
ALL OTHER INPATIENT	0	0		.00		.00	.000	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	
MEDICAL	0	0		.00		.00	.000	
SURGERY	0	0		.00		.00	.000	
PATHOLOGY	0	0		.00		.00	.000	
RADIOLOGY	0	0		.00		.00	.000	
ROOM USE	0	0		.00		.00	.000	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
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 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - SOC - TOTAL

----- MONTHLY AVERAGE -

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E	
@COMMUNITY HOSPITAL TOTAL	22	600	\$ 40,464.61	\$ 67.44	16.667	\$ 1839.30	\$	
COMM HOSP INPATIENT TOTAL	3	14	25,164.00	1797.43	.389	8388.00		
HSC HOSPITALS	3	14	25,164.00	1797.43	.389	8388.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		
ANCILLARIES	0	0	.00	.00	.000	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	20	586	15,300.61	26.11	16.278	765.03		
MEDICAL	3	15	439.98	29.33	.417	146.66		
SURGERY	4	4	201.31	50.33	.111	50.33		
PATHOLOGY	13	222	2,400.34	10.81	6.167	184.64		
RADIOLOGY	9	16	9,975.42	623.46	.444	1108.38		
ROOM USE	11	21	634.04	30.19	.583	57.64		
CROSSOVERS/ALL OTH OUTPTNT	6	308	1,649.52	5.36	8.556	274.92		
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
MENTALLY ILL	0	0	.00	.00	.000	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		
@NURSING FACILITY	1	30	\$ 3,361.83	\$ 112.06	.833	\$ 3361.83	\$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		
LEV B-REHAB MD	1	30	3,361.83	112.06	.833	3361.83		
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
LEV B-REGULAR	0	0	.00	.00	.000	.00		
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
ICF DDH	0	0	.00	.00	.000	.00		
ICF DD	0	0	.00	.00	.000	.00		
ICF DDN/DDCN	0	0	.00	.00	.000	.00		
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
HOSPITAL BASED	0	0	.00	.00	.000	.00		
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		
@REHABILITATION FACILITY	1	5	\$ 77.29	\$ 15.46	.139	\$ 77.29	\$	
HOSPITAL BASED	0	0	.00	.00	.000	.00		
INDEPENDENT FACILITY	1	5	77.29	15.46	.139	77.29		
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
PATHOLOGY	0	0	.00	.00	.000	.00		
XO AND OTHERS	0	0	.00	.00	.000	.00		
@ORGANIZED OUTPATIENT CLINIC	139	375	\$ 92,565.45	\$ 246.84	10.417	\$ 665.94	\$	
CLINIC	0	0	.00	.00	.000	.00		
SURGICENTER	0	0	.00	.00	.000	.00		
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		
RURAL HEALTH CLINIC	139	375	92,565.45	246.84	10.417	665.94		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
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SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MN - SOC - TOTAL							

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	72	1,717	\$ 47,622.59	\$ 27.74	47.694	\$ 661.42	\$

----- MONTHLY AVERAGE -

DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	1	1	1,800.00	1800.00	.028	1800.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.028	1800.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	49	1,661	45,084.18	27.14	46.139	920.09
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	15	30	300.27	10.01	.833	20.02
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	1	6	70.74	11.79	.167	70.74
PROSTHETICS	1	6	70.74	11.79	.167	70.74
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	6	11	105.20	9.56	.306	17.53
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	2	8	262.20	32.78	.222	131.10
@CALIF. CHILDREN SERVICES*	44	800	\$ 73,746.08	\$ 92.18	22.222	\$ 1676.05
@XOVER EXCLUDING STATE HOSP**	4	12	\$ 280.75	\$ 23.40	.333	\$ 70.19

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
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26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@TOTAL, ALL PROVIDERS	1,259	6,358	\$ 478,616.23	\$ 75.28	244.538	\$ 380.16	\$ 1
@PHYSICIANS SERVICES	20	23	\$ 969.75	\$ 42.16	.885	\$ 48.49	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	

PRINCIPAL SURGEON	0	0		.00		.00	.000	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00
DIALYSIS	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	1	1		509.78		509.78	.038	509.78
PSYCHIATRY	0	0		.00		.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00
OTHER SERVICES/ALL X-OVERS	19	22		459.97		20.91	.846	24.21
@PHARMACY	944	1,570	\$	251,763.39	\$	160.36	60.385	\$ 266.70 \$
PRESCRIPTION DRUGS	944	1,570		251,763.39		160.36	60.385	266.70
SNF/ICF	942	1,559		253,041.38		162.31	59.962	268.62
OUTPATIENTS	2	11		1,277.99CR		116.18CR	.423	639.00CR
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00
@DENTIST	200	461	\$	19,550.80	\$	42.41	17.731	\$ 97.75 \$
VISITS - DIAGNOSTIC	189	363		8,488.40		23.38	13.962	44.91
ORAL SURGERY	6	12		538.00		44.83	.462	89.67
DRUGS	0	0		.00		.00	.000	.00
ANESTHESIA	0	0		.00		.00	.000	.00
PERIODONTICS	5	5		472.00		94.40	.192	94.40
ENDODONTICS	3	5		905.00		181.00	.192	301.67
RESTORATIVE DENTISTRY	6	13		463.15		35.63	.500	77.19
PROSTHETICS	1	1		30.00		30.00	.038	30.00
DENTURES, STAYPLATES	22	61		8,654.25		141.87	2.346	393.38
SPACE MAINTAINERS	0	0		.00		.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00
ALL OTHER SERVICES	1	1		.00		.00	.038	.00
#CALIF DEPT OF HEALTH SERV MOP024								
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA								
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SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13								
----- MONTHLY AVERAGE -----								
26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@OPTOMETRIST	2	8	\$	143.41	\$ 17.93	.308	\$ 71.71	\$
DIAGNOSTIC AND ANC. PROCED	1	2		47.45	23.73	.077	47.45	
EYE APPLIANCES	2	6		95.96	15.99	.231	47.98	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	3	0	\$	11,790.00CR	\$	.00	.000	\$	3930.00CR	\$
HOSP INPATIENT TOTAL	3	0		11,790.00CR		.00	.000		3930.00CR	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	3	0		11,790.00CR		.00	.000		3930.00CR	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
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26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	3	0	\$ 11,790.00CR	\$ .00	.000	\$ 3930.00CR	\$
COMM HOSP INPATIENT TOTAL	3	0	11,790.00CR	.00	.000	3930.00CR	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	3	0	11,790.00CR	.00	.000	3930.00CR	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	41	1,417	\$ 174,244.66	\$ 122.97	54.500	\$ 4249.87	\$
LEV A-INTERMEDIATE	2	61	4,249.94	69.67	2.346	2124.97	
LEV B-REHAB MD	13	488	64,662.98	132.51	18.769	4974.08	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	26	868	105,331.74	121.35	33.385	4051.22	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	112	171	\$ 40,769.72	\$ 238.42	6.577	\$ 364.02	\$
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	112	171	40,769.72	238.42	6.577	364.02	

  

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					



## SANTA CRUZ COUNTY

## SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED

AID CODE 13

26 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	107	2,708	\$ 2,964.50	\$ 1.09	104.154	\$ 27.71	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	97	202	2,441.03	12.08	7.769	25.17	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	10	2,506	523.47	.21	96.385	52.35	
@CALIF. CHILDREN SERVICES*	13	306	\$ 36,283.86	\$ 118.57	11.769	\$ 2791.07	\$
@XOVER EXCLUDING STATE HOSP**	29	28	\$ 11,178.95CR	\$ 399.25CR	1.077	\$ 385.48CR	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	15	420	\$ 3,678.24	\$ 8.76	.000	\$ 245.22	\$
@PHYSICIANS SERVICES	6	17	\$ 1,055.90	\$ 62.11	.000	\$ 175.98	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	3	7	639.34	91.33	.000	213.11	
HOSPITAL VISITS	3	6	454.00	75.67	.000	151.33	
CRITICAL CARE	1	1	185.34	185.34	.000	185.34	

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	1	1		42.94	42.94	.000	42.94
EXAMINATIONS	1	1		42.94	42.94	.000	42.94
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	1	1		17.03	17.03	.000	17.03
PRINCIPAL SURGEON	1	1		17.03	17.03	.000	17.03
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	1	4		222.04	55.51	.000	222.04
PRINCIPAL SURGEON	1	4		222.04	55.51	.000	222.04
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	3	3		77.25	25.75	.000	25.75
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	1	1		57.30	57.30	.000	57.30
@PHARMACY	5	7	\$	1,726.28	\$ 246.61	.000	\$ 345.26
PRESCRIPTION DRUGS	4	5		1,602.02	320.40	.000	400.51
SNF/ICF	4	5		1,287.67	257.53	.000	321.92
OUTPATIENTS	0	0		314.35	.00	.000	.00
MEDICAL SUPPLIES	1	2		124.26	62.13	.000	124.26
@DENTIST	2	18	\$	64.00	\$ 3.56	.000	\$ 32.00
VISITS - DIAGNOSTIC	2	12		64.00	5.33	.000	32.00
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	1	6		.00	.00	.000	.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	

OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$ .00 \$
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$ .00 \$
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$ .00 \$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$ .00 \$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$ .00 \$
@TOTAL HOSPITAL	1	11	\$	237.70	\$	21.61	.000 \$ 237.70 \$
HOSP INPATIENT TOTAL	0	0		.00		.000	.00
HSC HOSPITALS	0	0		.00		.000	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.000	.00
ACCOMMODATIONS	0	0		.00		.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00
ALL OTHER ACCOM	0	0		.00		.000	.00
ANCILLARIES	0	0		.00		.000	.00
INPATIENT CROSSOVERS	0	0		.00		.000	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00
HOSP OUTPATIENT TOTAL	1	11		237.70		21.61	.000 237.70
MEDICAL	1	1		62.37		62.37	.000 62.37
SURGERY	1	1		18.94		18.94	.000 18.94
PATHOLOGY	1	4		45.51		11.38	.000 45.51
RADIOLOGY	1	1		19.67		19.67	.000 19.67
ROOM USE	1	1		46.91		46.91	.000 46.91
CROSSOVERS/ALL OTH OUTPTNT	1	3		44.30		14.77	.000 44.30
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$ .00 \$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.000	.00
HSC HOSPITALS	0	0		.00		.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.000	.00
ACCOMMODATIONS	0	0		.00		.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.000	.00
TRANSITIONAL IP CARE	0	0		.00		.000	.00
ALL OTHER ACCOM	0	0		.00		.000	.00
ANCILLARIES	0	0		.00		.000	.00
INPATIENT CROSSOVERS	0	0		.00		.000	.00
ALL OTHER INPATIENT	0	0		.00		.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.000	.00
MEDICAL	0	0		.00		.000	.00
SURGERY	0	0		.00		.000	.00
PATHOLOGY	0	0		.00		.000	.00
RADIOLOGY	0	0		.00		.000	.00
ROOM USE	0	0		.00		.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	-
@COMMUNITY HOSPITAL TOTAL	1	11	\$ 237.70	\$ 21.61	.000	\$ 237.70	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	1	11		237.70		21.61	.000	237.70
MEDICAL	1	1		62.37		62.37	.000	62.37
SURGERY	1	1		18.94		18.94	.000	18.94
PATHOLOGY	1	4		45.51		11.38	.000	45.51
RADIOLOGY	1	1		19.67		19.67	.000	19.67
ROOM USE	1	1		46.91		46.91	.000	46.91
CROSSOVERS/ALL OTH OUTPTNT	1	3		44.30		14.77	.000	44.30
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00 \$
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	1	4	\$	84.76	\$	21.19	.000	\$ 84.76 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	1	4		84.76		21.19	.000	84.76
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$ .00 \$
CLINIC	0	0		.00		.00	.000	.00

SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND      AID CODE 23

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	6	363	\$ 509.60	\$ 1.40	.000	\$ 84.93	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	4	37	604.09	16.33	.000	151.02	
AMBULANCES/AIR TRANS	4	37	604.09	16.33	.000	151.02	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1	2	19.12	9.56	.000	19.12	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	1	324	113.61CR	.35CR	.000	113.61CR	
@CALIF. CHILDREN SERVICES*	10	395	\$ 2,307.45	\$ 5.84	.000	\$ 230.75	\$
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	573	6,463	\$ 274,928.33	\$ 42.54	6463.000	\$ 479.81	\$27
@PHYSICIANS SERVICES	15	15	\$ 341.19	\$ 22.75	15.000	\$ 22.75	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	

OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	9	9	208.98	23.22	9.000	23.22
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	6	6	132.21	22.04	6.000	22.04
@PHARMACY	481	947	\$ 230,468.91	\$ 243.37	947.000	\$ 479.15 \$23
PRESCRIPTION DRUGS	481	947	230,468.91	243.37	947.000	479.15 23
SNF/ICF	452	825	205,819.98	249.48	825.000	455.35 20
OUTPATIENTS	31	122	24,648.93	202.04	122.000	795.13 2
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	64	223	\$ 6,952.75	\$ 31.18	223.000	\$ 108.64 \$
VISITS - DIAGNOSTIC	48	151	1,826.75	12.10	151.000	38.06
ORAL SURGERY	5	14	607.00	43.36	14.000	121.40
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	8	8	944.00	118.00	8.000	118.00
ENDODONTICS	3	5	1,535.00	307.00	5.000	511.67
RESTORATIVE DENTISTRY	9	27	991.00	36.70	27.000	110.11
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	3	17	1,049.00	61.71	17.000	349.67
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	2	1	.00	.00	1.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	1	3	\$ 42.85	\$ 14.28	3.000	\$ 42.85	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	1	3	42.85	14.28	3.000	42.85	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	

OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0		.00		.00	.00
SURGERY/ANES.	0	0		.00		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.00
OTHER	0	0		.00		.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$ .00
@TOTAL HOSPITAL	1	0	\$	.00	\$	.00	\$ .00
HOSP INPATIENT TOTAL	1	0		.00		.00	.00
HSC HOSPITALS	0	0		.00		.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.00
ANCILLARIES	0	0		.00		.00	.00
INPATIENT CROSSOVERS	1	0		.00		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.00
MEDICAL	0	0		.00		.00	.00
SURGERY	0	0		.00		.00	.00
PATHOLOGY	0	0		.00		.00	.00
RADIOLOGY	0	0		.00		.00	.00
ROOM USE	0	0		.00		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.00
HSC HOSPITALS	0	0		.00		.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.00
ACCOMMODATIONS	0	0		.00		.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.00
ANCILLARIES	0	0		.00		.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.00
MEDICAL	0	0		.00		.00	.00
SURGERY	0	0		.00		.00	.00
PATHOLOGY	0	0		.00		.00	.00
RADIOLOGY	0	0		.00		.00	.00
ROOM USE	0	0		.00		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.00
#CALIF DEPT OF HEALTH SERV							
MOP024							
SANTA CRUZ COUNTY							
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
FEE-FOR-SERVICE/DENTAL							
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63							
----- MONTHLY AVERAGE -							
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER
@COMMUNITY HOSPITAL TOTAL	1	0	\$	.00	\$ .00	.000	\$ .00
COMM HOSP INPATIENT TOTAL	1	0		.00	.00	.000	.00

HSC HOSPITALS	0	0		.00		.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	
ANCILLARIES	0	0		.00		.00	.000	.00	
INPATIENT CROSSOVERS	1	0		.00		.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	
MEDICAL	0	0		.00		.00	.000	.00	
SURGERY	0	0		.00		.00	.000	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	
RADIOLOGY	0	0		.00		.00	.000	.00	
ROOM USE	0	0		.00		.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
MENTALLY ILL	0	0		.00		.00	.000	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	
@NURSING FACILITY	5	118	\$	15,892.44	\$	134.68	118.000	\$	3178.49 \$ 1
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	2	53		8,174.56		154.24	53.000		4087.28
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	3	65		7,717.88		118.74	65.000		2572.63
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	1	6	\$	66.00	\$	11.00	6.000	\$	66.00 \$
PATHOLOGY	1	6		66.00		11.00	6.000		66.00
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	43	78	\$	19,393.51	\$	248.63	78.000	\$	451.01 \$ 1
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	43	78		19,393.51		248.63	78.000		451.01 1

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA

MOP024      FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED      AID CODE 63

	01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	39		5,073	\$ 1,770.68	\$ .35	5073.000	\$ 45.40	\$
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	
BLOOD BANK	0		0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	



AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	32	72	795.94	11.05	72.000	24.87
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	8	5,001	974.74	.19	5001.000	121.84
@CALIF. CHILDREN SERVICES*	2	52	\$ 6,701.35	\$ 128.87	52.000	\$ 3350.68
@XOVER EXCLUDING STATE HOSP**	8	7	\$ 141.49	\$ 20.21	7.000	\$ 17.69

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES      DISCONTINUED

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E	
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$	

OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV						
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024 FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED						
----- MONTHLY AVERAGE -----						
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00

DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00
@CHIROPRACITOR	0	0	\$	.00	\$	.000	\$ .00
VISITS	0	0		.00	.00	.000	.00
OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$ .00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$ .00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00	
HSC HOSPITALS	0	0	.00	.00	.000 .00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00	
ACCOMMODATIONS	0	0	.00	.00	.000 .00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
ALL OTHER ACCOM	0	0	.00	.00	.000 .00	
ANCILLARIES	0	0	.00	.00	.000 .00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00	
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00	
MEDICAL	0	0	.00	.00	.000 .00	
SURGERY	0	0	.00	.00	.000 .00	
PATHOLOGY	0	0	.00	.00	.000 .00	
RADIOLOGY	0	0	.00	.00	.000 .00	
ROOM USE	0	0	.00	.00	.000 .00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000 .00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000 .00	
DEVELOP. DISABLED	0	0	.00	.00	.000 .00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00	
LEV B-REHAB MD	0	0	.00	.00	.000 .00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
LEV B-REGULAR	0	0	.00	.00	.000 .00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000 \$ .00	\$
ICF DDH	0	0	.00	.00	.000 .00	
ICF DD	0	0	.00	.00	.000 .00	
ICF DDN/DDCN	0	0	.00	.00	.000 .00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000 \$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000 .00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000 \$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000 .00	
INDEPENDENT FACILITY	0	0	.00	.00	.000 .00	
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000 \$ .00	\$
PATHOLOGY	0	0	.00	.00	.000 .00	
XO AND OTHERS	0	0	.00	.00	.000 .00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000 \$ .00	\$
CLINIC	0	0	.00	.00	.000 .00	
SURGICENTER	0	0	.00	.00	.000 .00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000 .00	
RURAL HEALTH CLINIC	0	0	.00	.00	.000 .00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES      DISCONTINUED

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	C E
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@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	
OTHER TRANS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00		.00	.000		.00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	
OPTICIAN	0	0		.00		.00	.000		.00	
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	
PORTABLE X-RAY	0	0		.00		.00	.000		.00	
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
ORTHOTICS	0	0		.00		.00	.000		.00	
PSYCHOLOGIST	0	0		.00		.00	.000		.00	
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00	
HOSPICE SERVICES	0	0		.00		.00	.000		.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

	27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@TOTAL, ALL PROVIDERS	1,847		13,241	\$ 757,222.80	\$ 57.19	490.407	\$ 409.97	\$ 2
@PHYSICIANS SERVICES	41		55	\$ 2,366.84	\$ 43.03	2.037	\$ 57.73	\$
OUTPATIENT VISITS	0		0	.00	.00	.000	.00	
OFFICE VISITS	0		0	.00	.00	.000	.00	
HOME VISITS	0		0	.00	.00	.000	.00	
EMERGENCY ROOM	0		0	.00	.00	.000	.00	
PREVENTIVE CARE	0		0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0		0	.00	.00	.000	.00	
OTHER OUTPATIENT	0		0	.00	.00	.000	.00	
INPATIENT VISITS	3		7	639.34	91.33	.259	213.11	
HOSPITAL VISITS	3		6	454.00	75.67	.222	151.33	
CRITICAL CARE	1		1	185.34	185.34	.037	185.34	
SNF/ICF/TRANS IP CARE	0		0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1		1	42.94	42.94	.037	42.94	
EXAMINATIONS	1		1	42.94	42.94	.037	42.94	
SERVICES AND MATERIALS	0		0	.00	.00	.000	.00	

INPATIENT HOSPITAL SURGERY	1	1	17.03	17.03	.037	17.03		
PRINCIPAL SURGEON	1	1	17.03	17.03	.037	17.03		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		
OUTPATIENT SURGERY	1	4	222.04	55.51	.148	222.04		
PRINCIPAL SURGEON	1	4	222.04	55.51	.148	222.04		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		
DIALYSIS	0	0	.00	.00	.000	.00		
PATHOLOGY	0	0	.00	.00	.000	.00		
RADIOLOGY	4	4	587.03	146.76	.148	146.76		
PSYCHIATRY	9	9	208.98	23.22	.333	23.22		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		
OTHER SERVICES/ALL X-OVERS	26	29	649.48	22.40	1.074	24.98		
@PHARMACY	1,430	2,524	\$ 483,958.58	\$ 191.74	93.481	\$ 338.43	\$ 1	
PRESCRIPTION DRUGS	1,429	2,522	483,834.32	191.85	93.407	338.58	1	
SNF/ICF	1,398	2,389	460,149.03	192.61	88.481	329.15	1	
OUTPATIENTS	33	133	23,685.29	178.08	4.926	717.74		
MEDICAL SUPPLIES	1	2	124.26	62.13	.074	124.26		
@DENTIST	266	702	\$ 26,567.55	\$ 37.85	26.000	\$ 99.88	\$	
VISITS - DIAGNOSTIC	239	526	10,379.15	19.73	19.481	43.43		
ORAL SURGERY	11	26	1,145.00	44.04	.963	104.09		
DRUGS	0	0	.00	.00	.000	.00		
ANESTHESIA	0	0	.00	.00	.000	.00		
PERIODONTICS	13	13	1,416.00	108.92	.481	108.92		
ENDODONTICS	6	10	2,440.00	244.00	.370	406.67		
RESTORATIVE DENTISTRY	16	46	1,454.15	31.61	1.704	90.88		
PROSTHETICS	1	1	30.00	30.00	.037	30.00		
DENTURES, STAYPLATES	25	78	9,703.25	124.40	2.889	388.13		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		
ALL OTHER SERVICES	3	2	.00	.00	.074	.00		
#CALIF DEPT OF HEALTH SERV			MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024			FEE-FOR-SERVICE/DENTAL					

## SANTA CRUZ COUNTY

## SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C F
@OPTOMETRIST	3	11	\$ 186.26	\$ 16.93	.407	\$ 62.09	\$
DIAGNOSTIC AND ANC. PROCED	1	2	47.45	23.73	.074	47.45	
EYE APPLIANCES	3	9	138.81	15.42	.333	46.27	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	.00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	.00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	.00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	5	11	\$ 11,552.30CR	\$ 1050.21CR	.407	\$ 2310.46CR	\$
HOSP INPATIENT TOTAL	4	0	11,790.00CR	.00	.000	2947.50CR	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	4	0	11,790.00CR	.00	.000	2947.50CR	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1	11	237.70	21.61	.407	237.70	
MEDICAL	1	1	62.37	62.37	.037	62.37	
SURGERY	1	1	18.94	18.94	.037	18.94	
PATHOLOGY	1	4	45.51	11.38	.148	45.51	
RADIOLOGY	1	1	19.67	19.67	.037	19.67	
ROOM USE	1	1	46.91	46.91	.037	46.91	
CROSSOVERS/ALL OTH OUTPTNT	1	3	44.30	14.77	.111	44.30	
@COUNTY HOSPITAL TOTAL	0	0	.00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	

ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

	27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@COMMUNITY HOSPITAL TOTAL	5	11	\$	11,552.30CR	\$ 1050.21CR	.407	\$ 2310.46CR\$	
COMM HOSP INPATIENT TOTAL	4	0		11,790.00CR	.00	.000	2947.50CR	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	4	0		11,790.00CR	.00	.000	2947.50CR	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1	11		237.70	21.61	.407	237.70	
MEDICAL	1	1		62.37	62.37	.037	62.37	
SURGERY	1	1		18.94	18.94	.037	18.94	
PATHOLOGY	1	4		45.51	11.38	.148	45.51	
RADIOLOGY	1	1		19.67	19.67	.037	19.67	
ROOM USE	1	1		46.91	46.91	.037	46.91	
CROSSOVERS/ALL OTH OUTPTNT	1	3		44.30	14.77	.111	44.30	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	46	1,535	\$	190,137.10	\$ 123.87	56.852	\$ 4133.42	\$
LEV A-INTERMEDIATE	2	61		4,249.94	69.67	2.259	2124.97	
LEV B-REHAB MD	15	541		72,837.54	134.64	20.037	4855.84	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	29	933		113,049.62	121.17	34.556	3898.26	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	1	4	\$	84.76	\$ 21.19	.148	\$ 84.76	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	1	4		84.76	21.19	.148	84.76	
@LABORATORY FACILITY	1	6	\$	66.00	\$ 11.00	.222	\$ 66.00	\$
PATHOLOGY	1	6		66.00	11.00	.222	66.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	155	249	\$	60,163.23	\$ 241.62	9.222	\$ 388.15	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	155	249		60,163.23	241.62	9.222	388.15	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA



MOP024  
SANTA CRUZ COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

27 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	152	8,144	\$ 5,244.78	\$ .64	301.630	\$ 34.51	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	4	37	604.09	16.33	1.370	151.02	
AMBULANCES/AIR TRANS	4	37	604.09	16.33	1.370	151.02	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	130	276	3,256.09	11.80	10.222	25.05	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	19	7,831	1,384.60	.18	290.037	72.87	
@CALIF. CHILDREN SERVICES*	25	753	\$ 45,292.66	\$ 60.15	27.889	\$ 1811.71	\$
@XOVER EXCLUDING STATE HOSP**	37	35	\$ 11,037.46CR	\$ 315.36CR	1.296	\$ 298.31CR	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
MOP024 FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

99 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	2,641	27,498	\$ 1,072,906.64	\$ 39.02	277.758	\$ 406.25	\$ 1
@PHYSICIANS SERVICES	37	74	\$ 1,891.28	\$ 25.56	.747	\$ 51.12	\$
OUTPATIENT VISITS	1	2	152.68	76.34	.020	152.68	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	2	152.68	76.34	.020	152.68	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	

CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	2	14		20.07	1.43	.141	10.04	
RADIOLOGY	3	10		976.61	97.66	.101	325.54	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	31	48		741.92	15.46	.485	23.93	
@PHARMACY	1,091	14,042	\$	281,694.98	\$ 20.06	141.838	\$ 258.20 \$	
PRESCRIPTION DRUGS	1,089	1,824		279,180.65	153.06	18.424	256.36	
SNF/ICF	967	1,621		259,665.85	160.19	16.374	268.53	
OUTPATIENTS	122	203		19,514.80	96.13	2.051	159.96	
MEDICAL SUPPLIES	14	12,218		2,514.33	.21	123.414	179.60	
@DENTIST	490	1,724	\$	68,790.90	\$ 39.90	17.414	\$ 140.39 \$	
VISITS - DIAGNOSTIC	396	1,074		17,025.45	15.85	10.848	42.99	
ORAL SURGERY	58	228		9,513.50	41.73	2.303	164.03	
DRUGS	1	2		15.00	7.50	.020	15.00	
ANESTHESIA	12	15		1,100.00	73.33	.152	91.67	
PERIODONTICS	22	23		2,533.00	110.13	.232	115.14	
ENDODONTICS	21	31		5,601.00	180.68	.313	266.71	
RESTORATIVE DENTISTRY	53	115		8,124.20	70.65	1.162	153.29	
PROSTHETICS	6	8		395.00	49.38	.081	65.83	
DENTURES, STAYPLATES	61	180		24,433.75	135.74	1.818	400.55	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	24	48		50.00	1.04	.485	2.08	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED							

99 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	5	18	\$ 331.92	\$ 18.44	.182	\$ 66.38	\$
DIAGNOSTIC AND ANC. PROCED	2	3	86.89	28.96	.030	43.45	
EYE APPLIANCES	5	15	245.03	16.34	.152	49.01	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	2	\$ .73	\$ .37	.020	.73	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	1	2		.73	.37	.020	.73
@HOME HEALTH AGENCY	0	0	\$	.00	.00	.000	.00
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00
@TOTAL HOSPITAL	13	42	\$	19,735.67	469.90	.424	1518.13
HOSP INPATIENT TOTAL	9	18		19,191.58	1066.20	.182	2132.40
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	2	18		36,970.53	2053.92	.182	18485.27
ACCOMMODATIONS	2	18		10,022.40	556.80	.182	5011.20
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	2	18		10,022.40	556.80	.182	5011.20
ANCILLARIES	2	0		26,948.13	.00	.000	13474.07
INPATIENT CROSSOVERS	7	0		17,778.95CR	.00	.000	2539.85CR
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	6	24		544.09	22.67	.242	90.68
MEDICAL	1	1		82.41	82.41	.010	82.41
SURGERY	1	1		4.00	4.00	.010	4.00
PATHOLOGY	1	8		76.28	9.54	.081	76.28
RADIOLOGY	2	2		212.29	106.15	.020	106.15
ROOM USE	2	2		72.68	36.34	.020	36.34
CROSSOVERS/ALL OTH OUTPTNT	4	10		96.43	9.64	.101	24.11
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	.00	.000	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - AGED

	99 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	13	42	\$	19,735.67	\$ 469.90	.424	\$ 1518.13	\$
COMM HOSP INPATIENT TOTAL	9	18		19,191.58	1066.20	.182	2132.40	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	2	18		36,970.53	2053.92	.182	18485.27	
ACCOMMODATIONS	2	18		10,022.40	556.80	.182	5011.20	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	2	18		10,022.40	556.80	.182	5011.20	
ANCILLARIES	2	0		26,948.13	.00	.000	13474.07	
INPATIENT CROSSOVERS	7	0		17,778.95CR	.00	.000	2539.85CR	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	6	24		544.09	22.67	.242	90.68	
MEDICAL	1	1		82.41	82.41	.010	82.41	
SURGERY	1	1		4.00	4.00	.010	4.00	
PATHOLOGY	1	8		76.28	9.54	.081	76.28	
RADIOLOGY	2	2		212.29	106.15	.020	106.15	
ROOM USE	2	2		72.68	36.34	.020	36.34	
CROSSOVERS/ALL OTH OUTPTNT	4	10		96.43	9.64	.101	24.11	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	41	1,417	\$	174,244.66	\$ 122.97	14.313	\$ 4249.87	\$
LEV A-INTERMEDIATE	2	61		4,249.94	69.67	.616	2124.97	
LEV B-REHAB MD	13	488		64,662.98	132.51	4.929	4974.08	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	26	868		105,331.74	121.35	8.768	4051.22	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	1	2	\$	931.68	\$ 465.84	.020	\$ 931.68	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	1	2		931.68	465.84	.020	931.68	
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	1	28CR	\$	334.90CR	\$ 11.96	.283CR	334.90CR	\$
PATHOLOGY	1	28CR		334.90CR	11.96	.283CR	334.90CR	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	747	3,053	\$	417,690.17	\$ 136.81	30.838	\$ 559.16	\$

CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	747	3,053	417,690.17	136.81	30.838	559.16

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - AGED

99 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	-
@ALL OTHER PROVIDERS	451	7,152	\$ 107,929.55	\$ 15.09	72.242	\$ 239.31	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	3	23	1,621.22	70.49	.232	540.41	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	97	2,572	96,798.77	37.64	25.980	997.93	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	331	750	8,339.87	11.12	7.576	25.20	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	24	3,807	1,169.69	.31	38.455	48.74	
@CALIF. CHILDREN SERVICES*	13	306	\$ 36,283.86	\$ 118.57	3.091	\$ 2791.07	\$
@XOVER EXCLUDING STATE HOSP**	60	92	\$ 15,382.92CR	\$ 167.21CR	.929	\$ 256.38CR	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - BLIND

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	-
@TOTAL, ALL PROVIDERS	15	420	\$ 3,678.24	\$ 8.76	.000	\$ 245.22	\$
@PHYSICIANS SERVICES	6	17	\$ 1,055.90	\$ 62.11	.000	\$ 175.98	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	

PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	3	7	639.34	91.33	.000	213.11
HOSPITAL VISITS	3	6	454.00	75.67	.000	151.33
CRITICAL CARE	1	1	185.34	185.34	.000	185.34
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	1	1	42.94	42.94	.000	42.94
EXAMINATIONS	1	1	42.94	42.94	.000	42.94
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	1	1	17.03	17.03	.000	17.03
PRINCIPAL SURGEON	1	1	17.03	17.03	.000	17.03
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	1	4	222.04	55.51	.000	222.04
PRINCIPAL SURGEON	1	4	222.04	55.51	.000	222.04
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	3	3	77.25	25.75	.000	25.75
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	1	1	57.30	57.30	.000	57.30
@PHARMACY	5	7	\$ 1,726.28	\$ 246.61	.000	\$ 345.26
PRESCRIPTION DRUGS	4	5	1,602.02	320.40	.000	400.51
SNF/ICF	4	5	1,287.67	257.53	.000	321.92
OUTPATIENTS	0	0	314.35	.00	.000	.00
MEDICAL SUPPLIES	1	2	124.26	62.13	.000	124.26
@DENTIST	2	18	\$ 64.00	\$ 3.56	.000	\$ 32.00
VISITS - DIAGNOSTIC	2	12	64.00	5.33	.000	32.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	1	6	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND					
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00

VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
@TOTAL HOSPITAL	1	11	\$ 237.70	\$ 21.61	.000	\$ 237.70
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	1	11	237.70	21.61	.000	237.70
MEDICAL	1	1	62.37	62.37	.000	62.37
SURGERY	1	1	18.94	18.94	.000	18.94
PATHOLOGY	1	4	45.51	11.38	.000	45.51
RADIOLOGY	1	1	19.67	19.67	.000	19.67
ROOM USE	1	1	46.91	46.91	.000	46.91
CROSSOVERS/ALL OTH OUTPTNT	1	3	44.30	14.77	.000	44.30
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE
@COMMUNITY HOSPITAL TOTAL	1	11	\$ 237.70	\$ 21.61	.000	\$ 237.70	\$

COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	1	11		237.70	21.61	.000	237.70
MEDICAL	1	1		62.37	62.37	.000	62.37
SURGERY	1	1		18.94	18.94	.000	18.94
PATHOLOGY	1	4		45.51	11.38	.000	45.51
RADIOLOGY	1	1		19.67	19.67	.000	19.67
ROOM USE	1	1		46.91	46.91	.000	46.91
CROSSOVERS/ALL OTH OUTPTNT	1	3		44.30	14.77	.000	44.30
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	1	4	\$	84.76	\$ 21.19	.000	\$ 84.76
HOSPITAL BASED	0	0		.00	.00	.000	.00



INDEPENDENT FACILITY	1	4		84.76	21.19	.000	84.76	
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
PATHOLOGY	0	0		.00	.00	.000	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	6	363	\$ 509.60	\$ 1.40	.000	\$ 84.93	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	4	37	604.09	16.33	.000	151.02	
AMBULANCES/AIR TRANS	4	37	604.09	16.33	.000	151.02	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1	2	19.12	9.56	.000	19.12	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	1	324	113.61CR	.35CR	.000	113.61CR	
@CALIF. CHILDREN SERVICES*	10	395	\$ 2,307.45	\$ 5.84	.000	\$ 230.75	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	4,818	110,020	\$ 3,344,789.50	\$ 30.40	144.194	\$ 694.23	\$

@PHYSICIANS SERVICES	201	733	\$	17,356.65	\$	23.68	.961	\$	86.35	\$
OUTPATIENT VISITS	43	50		2,064.99		41.30	.066		48.02	
OFFICE VISITS	22	27		917.48		33.98	.035		41.70	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	6	6		524.70		87.45	.008		87.45	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	16	17		622.81		36.64	.022		38.93	
INPATIENT VISITS	4	13		443.61		34.12	.017		110.90	
HOSPITAL VISITS	4	13		443.61		34.12	.017		110.90	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	7	9		307.72		34.19	.012		43.96	
EXAMINATIONS	7	9		307.72		34.19	.012		43.96	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	2	31		699.94		22.58	.041		349.97	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	2	31		699.94		22.58	.041		349.97	
OUTPATIENT SURGERY	11	25		2,292.51		91.70	.033		208.41	
PRINCIPAL SURGEON	8	12		1,819.99		151.67	.016		227.50	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	3	13		472.52		36.35	.017		157.51	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	8	69		981.76		14.23	.090		122.72	
RADIOLOGY	19	27		744.82		27.59	.035		39.20	
PSYCHIATRY	10	10		232.20		23.22	.013		23.22	
IMMUNIZATION AND INJECTION	2	5		27.25		5.45	.007		13.63	
OTHER SERVICES/ALL X-OVERS	128	494		9,561.85		19.36	.647		74.70	
@PHARMACY	2,553	20,390	\$	1,560,245.65	\$	76.52	26.723	\$	611.14	\$
PRESCRIPTION DRUGS	2,509	7,414		1,542,312.09		208.03	9.717		614.71	
SNF/ICF	538	1,076		277,390.93		257.80	1.410		515.60	
OUTPATIENTS	1,977	6,338		1,264,921.16		199.58	8.307		639.82	
MEDICAL SUPPLIES	102	12,976		17,933.56		1.38	17.007		175.82	
@DENTIST	391	1,657	\$	55,762.40	\$	33.65	2.172	\$	142.61	\$
VISITS - DIAGNOSTIC	293	1,081		13,114.75		12.13	1.417		44.76	
ORAL SURGERY	62	157		8,815.75		56.15	.206		142.19	
DRUGS	2	2		30.00		15.00	.003		15.00	
ANESTHESIA	12	12		1,200.00		100.00	.016		100.00	
PERIODONTICS	27	27		2,942.00		108.96	.035		108.96	
ENDODONTICS	28	43		8,315.00		193.37	.056		296.96	
RESTORATIVE DENTISTRY	93	243		15,352.00		63.18	.318		165.08	
PROSTHETICS	2	2		60.00		30.00	.003		30.00	
DENTURES, STAYPLATES	17	60		5,832.90		97.22	.079		343.11	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	1	1		100.00		100.00	.001		100.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	1	8		.00		.00	.010		.00	
ALL OTHER SERVICES	14	21		.00		.00	.028		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005									
MOP024	FEE-FOR-SERVICE/DENTAL									
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED									

763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	C E
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@OPTOMETRIST	22	49	\$	815.04	\$	16.63	.064	\$	37.05	\$
DIAGNOSTIC AND ANC. PROCED	7	8		189.80		23.73	.010		27.11	
EYE APPLIANCES	18	39		618.89		15.87	.051		34.38	
OTHER OPTOMETRIC SERVICES	1	2		6.35		3.18	.003		6.35	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	46	89	\$	2,031.45	\$	22.83	.117	\$	44.16	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	46	89		2,031.45		22.83	.117		44.16	
@HOME HEALTH AGENCY	50	7,642	\$	269,406.48	\$	35.25	10.016	\$	5388.13	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	141	436	\$	76,300.61	\$	175.00	.571	\$	541.14	\$
HOSP INPATIENT TOTAL	36	32		65,966.47		2061.45	.042		1832.40	
HSC HOSPITALS	6	23		37,852.00		1645.74	.030		6308.67	
NON-HSC HOSPITAL TOTAL	1	9		5,487.90		609.77	.012		5487.90	
ACCOMMODATIONS	1	9		2,081.70		231.30	.012		2081.70	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	9		2,081.70		231.30	.012		2081.70	
ANCILLARIES	1	0		3,406.20		.00	.000		3406.20	
INPATIENT CROSSOVERS	29	0		22,626.57		.00	.000		780.23	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	107	404		10,334.14		25.58	.529		96.58	
MEDICAL	13	17		475.87		27.99	.022		36.61	
SURGERY	2	2		37.24		18.62	.003		18.62	
PATHOLOGY	18	69		876.83		12.71	.090		48.71	
RADIOLOGY	12	16		820.44		51.28	.021		68.37	
ROOM USE	23	28		984.71		35.17	.037		42.81	
CROSSOVERS/ALL OTH OUTPTNT	67	272		7,139.05		26.25	.356		106.55	
@COUNTY HOSPITAL TOTAL	9	16	\$	439.14	\$	27.45	.021	\$	48.79	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	9	16		439.14		27.45	.021		48.79	
MEDICAL	2	2		145.44		72.72	.003		72.72	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	3	6		57.49		9.58	.008		19.16	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	5	8		236.21		29.53	.010		47.24	

## SANTA CRUZ COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

763 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C F
@COMMUNITY HOSPITAL TOTAL	132	420	\$ 75,861.47	\$ 180.62	.550	\$ 574.71	\$
COMM HOSP INPATIENT TOTAL	36	32	65,966.47	2061.45	.042	1832.40	
HSC HOSPITALS	6	23	37,852.00	1645.74	.030	6308.67	
NON-HSC HOSPITALS TOTAL	1	9	5,487.90	609.77	.012	5487.90	
ACCOMMODATIONS	1	9	2,081.70	231.30	.012	2081.70	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	9	2,081.70	231.30	.012	2081.70	
ANCILLARIES	1	0	3,406.20	.00	.000	3406.20	
INPATIENT CROSSOVERS	29	0	22,626.57	.00	.000	780.23	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	98	388	9,895.00	25.50	.509	100.97	
MEDICAL	11	15	330.43	22.03	.020	30.04	
SURGERY	2	2	37.24	18.62	.003	18.62	
PATHOLOGY	15	63	819.34	13.01	.083	54.62	
RADIOLOGY	12	16	820.44	51.28	.021	68.37	
ROOM USE	23	28	984.71	35.17	.037	42.81	
CROSSOVERS/ALL OTH OUTPTNT	62	264	6,902.84	26.15	.346	111.34	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	9	183	\$ 27,542.97	\$ 150.51	.240	\$ 3060.33	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	3	83	11,536.39	138.99	.109	3845.46	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	6	100	16,006.58	160.07	.131	2667.76	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	3	3	\$ 1,100.80	\$ 366.93	.004	\$ 366.93	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	3	3	1,100.80	366.93	.004	366.93	
@REHABILITATION FACILITY	88	1,450	\$ 19,000.01	\$ 13.10	1.900	\$ 215.91	\$
HOSPITAL BASED	4	6	301.56	50.26	.008	75.39	
INDEPENDENT FACILITY	84	1,444	18,698.45	12.95	1.893	222.60	
@LABORATORY FACILITY	9	33	\$ 359.67	\$ 10.90	.043	\$ 39.96	\$
PATHOLOGY	7	28	307.89	11.00	.037	43.98	
XO AND OTHERS	2	5	51.78	10.36	.007	25.89	
@ORGANIZED OUTPATIENT CLINIC	1,513	3,548	\$ 810,624.23	\$ 228.47	4.650	\$ 535.77	\$
CLINIC	6	6	111.04	18.51	.008	18.51	
SURGICENTER	2	10	908.16	90.82	.013	454.08	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	1,505	3,532	809,605.03	229.22	4.629	537.94	
#CALIF DEPT OF HEALTH SERV							PA
MOP024							
SANTA CRUZ COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

763 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE - UNITS/DAYS	COST PER USER	C F
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F
@ALL OTHER PROVIDERS	729	73,807	\$	504,243.54	\$ 6.83	96.733	\$ 691.69	\$
DURABLE MED. EQUIP.	30	133		29,563.80	222.28	.174	985.46	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	7	38		855.79	22.52	.050	122.26	
AMBULANCES/AIR TRANS	7	37		845.91	22.86	.048	120.84	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	1	1		9.88	9.88	.001	9.88	
ACUPUNCTURE	7	21		351.65	16.75	.028	50.24	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	1	1		105.00	105.00	.001	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	89	7,248		214,717.63	29.62	9.499	2412.56	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	216	518		4,983.17	9.62	.679	23.07	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	12	59		11,989.35	203.21	.077	999.11	
PROSTHETICS	12	59		11,989.35	203.21	.077	999.11	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	10		439.42	43.94	.013	219.71	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	237	23,428		103,616.79	4.42	30.705	437.20	
EPSDT SUPPLEMENTAL SERVICE	23	4,314		115,087.34	26.68	5.654	5003.80	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	147	38,037		22,533.60	.59	49.852	153.29	
@CALIF. CHILDREN SERVICES*	338	52,543	\$	536,299.74	\$ 10.21	68.864	\$ 1586.69	\$
@XOVER EXCLUDING STATE HOSP**	259	6,747	\$	46,740.70	\$ 6.93	8.843	\$ 180.47	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
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## SANTA CRUZ COUNTY

## SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

43,026 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C F
@TOTAL, ALL PROVIDERS	30,662	129,483	\$ 12,765,640.71	\$ 98.59	3.009	\$ 416.33	\$
@PHYSICIANS SERVICES	4,368	13,233	\$ 1,111,593.62	\$ 84.00	.308	\$ 254.49	\$
OUTPATIENT VISITS	2,396	3,506	222,406.40	63.44	.081	92.82	
OFFICE VISITS	508	594	32,438.60	54.61	.014	63.86	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	984	1,104	69,335.26	62.80	.026	70.46	
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	
OB VISITS/COMPRE PERI	794	1,518	109,100.00	71.87	.035	137.41	
OTHER OUTPATIENT	259	289	11,495.15	39.78	.007	44.38	
INPATIENT VISITS	617	2,093	193,488.13	92.45	.049	313.60	
HOSPITAL VISITS	563	1,251	61,472.10	49.14	.029	109.19	
CRITICAL CARE	111	842	132,016.03	156.79	.020	1189.33	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	28	36	1,760.65	48.91	.001	62.88	
EXAMINATIONS	28	36	1,760.65	48.91	.001	62.88	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	772	2,286	403,855.21	176.66	.053	523.13	
PRINCIPAL SURGEON	519	580	321,645.98	554.56	.013	619.74	
ASSISTANT SURGEON	112	112	21,330.35	190.45	.003	190.45	
ANESTHESIOLOGIST	267	1,594	60,878.88	38.19	.037	228.01	
OUTPATIENT SURGERY	299	772	60,873.82	78.85	.018	203.59	
PRINCIPAL SURGEON	244	365	47,190.84	129.29	.008	193.41	
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	
ANESTHESIOLOGIST	71	406	13,496.48	33.24	.009	190.09	
DIALYSIS	2	2	432.53	216.27	.000	216.27	
PATHOLOGY	381	803	10,724.77	13.36	.019	28.15	
RADIOLOGY	1,371	2,014	82,995.18	41.21	.047	60.54	
PSYCHIATRY	1	1	64.88	64.88	.000	64.88	
IMMUNIZATION AND INJECTION	37	52	1,264.45	24.32	.001	34.17	
OTHER SERVICES/ALL X-OVERS	710	1,668	133,727.60	80.17	.039	188.35	
@PHARMACY	3,212	11,183	\$ 1,141,662.92	\$ 102.09	.260	\$ 355.44	\$
PRESCRIPTION DRUGS	3,052	5,912	443,927.03	75.09	.137	145.45	
SNF/ICF	6	9	2,886.69	320.74	.000	481.12	
OUTPATIENTS	3,046	5,903	441,040.34	74.71	.137	144.79	
MEDICAL SUPPLIES	338	5,271	697,735.89	132.37	.123	2064.31	
@DENTIST	7,064	34,534	\$ 992,334.69	\$ 28.74	.803	\$ 140.48	\$
VISITS - DIAGNOSTIC	5,648	23,576	320,621.74	13.60	.548	56.77	
ORAL SURGERY	757	1,762	114,244.99	64.84	.041	150.92	
DRUGS	367	402	9,198.75	22.88	.009	25.06	
ANESTHESIA	168	172	15,442.96	89.78	.004	91.92	
PERIODONTICS	189	191	20,711.00	108.43	.004	109.58	
ENDODONTICS	537	1,154	139,196.45	120.62	.027	259.21	
RESTORATIVE DENTISTRY	2,017	6,330	321,554.07	50.80	.147	159.42	
PROSTHETICS	29	32	810.00	25.31	.001	27.93	
DENTURES, STAYPLATES	45	154	18,681.00	121.31	.004	415.13	
SPACE MAINTAINERS	55	63	8,213.00	130.37	.001	149.33	
MAXILLOFACIAL SERVICES	8	10	887.75	88.78	.000	110.97	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	214	272	21,947.98	80.69	.006	102.56	
ALL OTHER SERVICES	234	416	825.00	1.98	.010	3.53	

MOP024  
SANTA CRUZ COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

43,026 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	21	52	\$ 941.02	\$ 18.10	.001	\$ 44.81	\$
DIAGNOSTIC AND ANC. PROCED	16	18	453.94	25.22	.000	28.37	
EYE APPLIANCES	12	34	487.08	14.33	.001	40.59	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	99	418	\$ 17,595.96	\$ 42.10	.010	\$ 177.74	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	1	32	\$ 1,174.60	\$ 36.71	.001	\$ 1174.60	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	3,445	16,858	\$ 5,884,847.46	\$ 349.08	.392	\$ 1708.23	\$
HOSP INPATIENT TOTAL	665	2,814	5,513,937.03	1959.47	.065	8291.63	
HSC HOSPITALS	267	1,067	2,129,141.41	1995.45	.025	7974.31	
NON-HSC HOSPITAL TOTAL	402	1,747	3,382,971.62	1936.45	.041	8415.35	
ACCOMMODATIONS	402	1,747	933,484.60	534.34	.041	2322.10	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	402	1,747	933,484.60	534.34	.041	2322.10	
ANCILLARIES	402	0	2,449,487.02	.00	.000	6093.25	
INPATIENT CROSSOVERS	2	0	1,824.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	3,118	14,044	370,910.43	26.41	.326	118.96	
MEDICAL	321	469	26,500.36	56.50	.011	82.56	
SURGERY	262	311	13,683.53	44.00	.007	52.23	
PATHOLOGY	1,239	4,744	51,797.49	10.92	.110	41.81	
RADIOLOGY	672	874	79,849.44	91.36	.020	118.82	
ROOM USE	1,597	2,103	82,407.32	39.19	.049	51.60	
CROSSOVERS/ALL OTH OUTPTNT	1,627	5,543	116,672.29	21.05	.129	71.71	
@COUNTY HOSPITAL TOTAL	51	188	\$ 80,303.45	\$ 427.15	.004	\$ 1574.58	\$
CO HOSPITAL INPATIENT TOTAL	16	58	74,590.46	1286.04	.001	4661.90	
HSC HOSPITALS	15	57	74,219.12	1302.09	.001	4947.94	
NON-HSC HOSPITALS TOTAL	1	1	371.34	371.34	.000	371.34	
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	1	231.30	231.30	.000	231.30	
ANCILLARIES	1	0	140.04	.00	.000	140.04	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	39	130	5,712.99	43.95	.003	146.49	
MEDICAL	15	20	1,300.31	65.02	.000	86.69	
SURGERY	2	2	152.93	76.47	.000	76.47	
PATHOLOGY	8	14	151.01	10.79	.000	18.88	

RADIOLOGY	7	16	834.55	52.16	.000	119.22
ROOM USE	28	37	1,504.56	40.66	.001	53.73
CROSSOVERS/ALL OTH OUTPTNT	14	41	1,769.63	43.16	.001	126.40

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

	43,026 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	3,395	16,670	\$	5,804,544.01	\$ 348.20	.387	\$ 1709.73	\$
COMM HOSP INPATIENT TOTAL	649	2,756		5,439,346.57	1973.64	.064	8381.12	
HSC HOSPITALS	252	1,010		2,054,922.29	2034.58	.023	8154.45	
NON-HSC HOSPITALS TOTAL	401	1,746		3,382,600.28	1937.34	.041	8435.41	
ACCOMMODATIONS	401	1,746		933,253.30	534.51	.041	2327.31	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	401	1,746		933,253.30	534.51	.041	2327.31	
ANCILLARIES	401	0		2,449,346.98	.00	.000	6108.10	
INPATIENT CROSSOVERS	2	0		1,824.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,079	13,914		365,197.44	26.25	.323	118.61	
MEDICAL	306	449		25,200.05	56.12	.010	82.35	
SURGERY	260	309		13,530.60	43.79	.007	52.04	
PATHOLOGY	1,231	4,730		51,646.48	10.92	.110	41.95	
RADIOLOGY	665	858		79,014.89	92.09	.020	118.82	
ROOM USE	1,569	2,066		80,902.76	39.16	.048	51.56	
CROSSOVERS/ALL OTH OUTPTNT	1,613	5,502		114,902.66	20.88	.128	71.24	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	1	8	\$	1,894.56	\$ 236.82	.000	\$ 1894.56	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	1	8		1,894.56	236.82	.000	1894.56	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	2	111	\$	3,386.74	\$ 30.51	.003	\$ 1693.37	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	2	111		3,386.74	30.51	.003	1693.37	
@REHABILITATION FACILITY	128	1,334	\$	22,471.57	\$ 16.85	.031	\$ 175.56	\$
HOSPITAL BASED	55	264		7,618.28	28.86	.006	138.51	
INDEPENDENT FACILITY	73	1,070		14,853.29	13.88	.025	203.47	
@LABORATORY FACILITY	1,287	3,875	\$	48,255.85	\$ 12.45	.090	\$ 37.49	\$
PATHOLOGY	1,287	3,875		48,255.85	12.45	.090	37.49	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	12,971	23,727	\$	3,276,143.00	\$ 138.08	.551	\$ 252.57	\$
CLINIC	435	2,165		57,374.34	26.50	.050	131.90	
SURGICENTER	1	1		60.00	60.00	.000	60.00	
HEROIN DETOX CLINIC	1	11		139.36	12.67	.000	139.36	
RURAL HEALTH CLINIC	12,541	21,550		3,218,569.30	149.35	.501	256.64	



#CALIF DEPT OF HEALTH SERV  
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

PA

43,026 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	3,761	24,118	\$ 263,338.72	\$ 10.92	.561	\$ 70.02	\$
DURABLE MED. EQUIP.	17	119	4,767.94	40.07	.003	280.47	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	5	10	4,372.38	437.24	.000	874.48	
MEDICAL TRANSPORTATION	117	1,513	36,216.13	23.94	.035	309.54	
AMBULANCES/AIR TRANS	115	1,475	20,290.55	13.76	.034	176.44	
OTHER TRANS	1	8	43.10	5.39	.000	43.10	
OTHER SERVICES	30	30	15,882.48	529.42	.001	529.42	
ACUPUNCTURE	16	39	692.48	17.76	.001	43.28	
ADULT DAY HEALTH CARE CTR	5	53	3,687.74	69.58	.001	737.55	
GENETIC DISEASE TESTING	248	248	25,992.00	104.81	.006	104.81	
IHMC,MODEL-NF,NF,AIDS,MSSP	9	368	10,308.36	28.01	.009	1145.37	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1,218	2,738	24,753.78	9.04	.064	20.32	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	11	59	9,908.36	167.94	.001	900.76	
PROSTHETICS	11	59	9,908.36	167.94	.001	900.76	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	33	139	5,214.71	37.52	.003	158.02	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2,084	11,548	128,357.87	11.12	.268	61.59	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	20	7,284	9,066.97	1.24	.169	453.35	
@CALIF. CHILDREN SERVICES*	1,983	24,094	\$ 3,137,713.34	\$ 130.23	.560	\$ 1582.31	\$
@XOVER EXCLUDING STATE HOSP**	4	2	\$ 1,841.13	\$ 920.57	.000	\$ 460.28	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

PA

43,888 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	38,136	267,421	\$ 17,187,015.09	\$ 64.27	6.093	\$ 450.68	\$
@PHYSICIANS SERVICES	4,612	14,057	\$ 1,131,897.45	\$ 80.52	.320	\$ 245.42	\$
OUTPATIENT VISITS	2,440	3,558	224,624.07	63.13	.081	92.06	
OFFICE VISITS	530	621	33,356.08	53.71	.014	62.94	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	991	1,112	70,012.64	62.96	.025	70.65	
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	
OB VISITS/COMPRE PERI	794	1,518	109,100.00	71.87	.035	137.41	
OTHER OUTPATIENT	275	306	12,117.96	39.60	.007	44.07	
INPATIENT VISITS	624	2,113	194,571.08	92.08	.048	311.81	

HOSPITAL VISITS	570	1,270		62,369.71	49.11	.029	109.42	
CRITICAL CARE	112	843		132,201.37	156.82	.019	1180.37	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	36	46		2,111.31	45.90	.001	58.65	
EXAMINATIONS	36	46		2,111.31	45.90	.001	58.65	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	775	2,318		404,572.18	174.54	.053	522.03	
PRINCIPAL SURGEON	520	581		321,663.01	553.64	.013	618.58	
ASSISTANT SURGEON	112	112		21,330.35	190.45	.003	190.45	
ANESTHESIOLOGIST	269	1,625		61,578.82	37.89	.037	228.92	
OUTPATIENT SURGERY	311	801		63,388.37	79.14	.018	203.82	
PRINCIPAL SURGEON	253	381		49,232.87	129.22	.009	194.60	
ASSISTANT SURGEON	1	1		186.50	186.50	.000	186.50	
ANESTHESIOLOGIST	74	419		13,969.00	33.34	.010	188.77	
DIALYSIS	2	2		432.53	216.27	.000	216.27	
PATHOLOGY	391	886		11,726.60	13.24	.020	29.99	
RADIOLOGY	1,396	2,054		84,793.86	41.28	.047	60.74	
PSYCHIATRY	11	11		297.08	27.01	.000	27.01	
IMMUNIZATION AND INJECTION	39	57		1,291.70	22.66	.001	33.12	
OTHER SERVICES/ALL X-OVERS	870	2,211		144,088.67	65.17	.050	165.62	
@PHARMACY	6,861	45,622	\$	2,985,329.83	\$ 65.44	1.040	\$ 435.12	\$
PRESCRIPTION DRUGS	6,654	15,155		2,267,021.79	149.59	.345	340.70	
SNF/ICF	1,515	2,711		541,231.14	199.64	.062	357.25	
OUTPATIENTS	5,145	12,444		1,725,790.65	138.68	.284	335.43	
MEDICAL SUPPLIES	455	30,467		718,308.04	23.58	.694	1578.70	
@DENTIST	7,947	37,933	\$	1,116,951.99	\$ 29.45	.864	\$ 140.55	\$
VISITS - DIAGNOSTIC	6,339	25,743		350,825.94	13.63	.587	55.34	
ORAL SURGERY	877	2,147		132,574.24	61.75	.049	151.17	
DRUGS	370	406		9,243.75	22.77	.009	24.98	
ANESTHESIA	192	199		17,742.96	89.16	.005	92.41	
PERIODONTICS	238	241		26,186.00	108.66	.005	110.03	
ENDODONTICS	586	1,228		153,112.45	124.68	.028	261.28	
RESTORATIVE DENTISTRY	2,164	6,694		345,030.27	51.54	.153	159.44	
PROSTHETICS	37	42		1,265.00	30.12	.001	34.19	
DENTURES, STAYPLATES	123	394		48,947.65	124.23	.009	397.95	
SPACE MAINTAINERS	55	63		8,213.00	130.37	.001	149.33	

MAXILLOFACIAL SERVICES	9	11	987.75	89.80	.000	109.75
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	215	280	21,947.98	78.39	.006	102.08
ALL OTHER SERVICES	272	485	875.00	1.80	.011	3.22

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MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY NEEDY - TOTAL

43,888 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER      C PER ELIG      USER      E
@OPTOMETRIST	48	119	\$ 2,087.98	\$ 17.55	.003 \$ 43.50 \$
DIAGNOSTIC AND ANC. PROCED	25	29	730.63	25.19	.001 29.23
EYE APPLIANCES	35	88	1,351.00	15.35	.002 38.60
OTHER OPTOMETRIC SERVICES	1	2	6.35	3.18	.000 6.35
@CHIROPRACITOR	0	0	.00	.00	.000 \$ .00 \$
VISITS	0	0	.00	.00	.000 .00
OTHER SERVICES	0	0	.00	.00	.000 .00
@PODIATRIST	47	91	\$ 2,032.18	\$ 22.33	.002 \$ 43.24 \$
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00
OTHER	47	91	2,032.18	22.33	.002 43.24
@HOME HEALTH AGENCY	149	8,060	\$ 287,002.44	\$ 35.61	.184 \$ 1926.19 \$
NURSE ANESTHESIST	0	0	.00	.00	.000 \$ .00 \$
NURSE MIDWIFE	1	32	\$ 1,174.60	\$ 36.71	.001 \$ 1174.60 \$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 \$ .00 \$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 \$ .00 \$
@TOTAL HOSPITAL	3,600	17,347	\$ 5,981,121.44	\$ 344.79	.395 \$ 1661.42 \$
HOSP INPATIENT TOTAL	710	2,864	5,599,095.08	1954.99	.065 7886.05
HSC HOSPITALS	273	1,090	2,166,993.41	1988.07	.025 7937.70
NON-HSC HOSPITAL TOTAL	405	1,774	3,425,430.05	1930.91	.040 8457.85
ACCOMMODATIONS	405	1,774	945,588.70	533.03	.040 2334.79
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00
ALL OTHER ACCOM	405	1,774	945,588.70	533.03	.040 2334.79
ANCILLARIES	405	0	2,479,841.35	.00	.000 6123.07
INPATIENT CROSSOVERS	38	0	6,671.62	.00	.000 175.57
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00
HOSP OUTPATIENT TOTAL	3,232	14,483	382,026.36	26.38	.330 118.20
MEDICAL	336	488	27,121.01	55.58	.011 80.72
SURGERY	266	315	13,743.71	43.63	.007 51.67
PATHOLOGY	1,259	4,825	52,796.11	10.94	.110 41.93
RADIOLOGY	687	893	80,901.84	90.60	.020 117.76
ROOM USE	1,623	2,134	83,511.62	39.13	.049 51.46
CROSSOVERS/ALL OTH OUTPTNT	1,699	5,828	123,952.07	21.27	.133 72.96
@COUNTY HOSPITAL TOTAL	60	204	\$ 80,742.59	\$ 395.80	.005 \$ 1345.71 \$
CO HOSPITAL INPATIENT TOTAL	16	58	74,590.46	1286.04	.001 4661.90
HSC HOSPITALS	15	57	74,219.12	1302.09	.001 4947.94
NON-HSC HOSPITALS TOTAL	1	1	371.34	371.34	.000 371.34
ACCOMMODATIONS	1	1	231.30	231.30	.000 231.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00
ALL OTHER ACCOM	1	1	231.30	231.30	.000 231.30
ANCILLARIES	1	0	140.04	.00	.000 140.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00

ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	48	146	6,152.13	42.14	.003	128.17
MEDICAL	17	22	1,445.75	65.72	.001	85.04
SURGERY	2	2	152.93	76.47	.000	76.47
PATHOLOGY	11	20	208.50	10.43	.000	18.95
RADIOLOGY	7	16	834.55	52.16	.000	119.22
ROOM USE	28	37	1,504.56	40.66	.001	53.73
CROSSOVERS/ALL OTH OUTPTNT	19	49	2,005.84	40.94	.001	105.57

#CALIF DEPT OF HEALTH SERV      MEDICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

43,888 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	3,541	17,143	\$ 5,900,378.85	\$ 344.19	.391	\$ 1666.30	\$
COMM HOSP INPATIENT TOTAL	694	2,806	5,524,504.62	1968.82	.064	7960.38	
HSC HOSPITALS	258	1,033	2,092,774.29	2025.92	.024	8111.53	
NON-HSC HOSPITALS TOTAL	404	1,773	3,425,058.71	1931.79	.040	8477.87	
ACCOMMODATIONS	404	1,773	945,357.40	533.20	.040	2339.99	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	404	1,773	945,357.40	533.20	.040	2339.99	
ANCILLARIES	404	0	2,479,701.31	.00	.000	6137.87	
INPATIENT CROSSOVERS	38	0	6,671.62	.00	.000	175.57	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,184	14,337	375,874.23	26.22	.327	118.05	
MEDICAL	319	466	25,675.26	55.10	.011	80.49	
SURGERY	264	313	13,590.78	43.42	.007	51.48	
PATHOLOGY	1,248	4,805	52,587.61	10.94	.109	42.14	
RADIOLOGY	680	877	80,067.29	91.30	.020	117.75	
ROOM USE	1,595	2,097	82,007.06	39.11	.048	51.42	
CROSSOVERS/ALL OTH OUTPTNT	1,680	5,779	121,946.23	21.10	.132	72.59	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	51	1,608	\$ 203,682.19	\$ 126.67	.037	\$ 3993.77	\$
LEV A-INTERMEDIATE	2	61	4,249.94	69.67	.001	2124.97	
LEV B-REHAB MD	16	571	76,199.37	133.45	.013	4762.46	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	33	976	123,232.88	126.26	.022	3734.33	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	6	116	\$ 5,419.22	\$ 46.72	.003	\$ 903.20	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	6	116	5,419.22	46.72	.003	903.20	
@REHABILITATION FACILITY	217	2,788	\$ 41,556.34	\$ 14.91	.064	\$ 191.50	\$
HOSPITAL BASED	59	270	7,919.84	29.33	.006	134.23	
INDEPENDENT FACILITY	158	2,518	33,636.50	13.36	.057	212.89	
@LABORATORY FACILITY	1,297	3,880	\$ 48,280.62	\$ 12.44	.088	\$ 37.22	\$
PATHOLOGY	1,295	3,875	48,228.84	12.45	.088	37.24	
XO AND OTHERS	2	5	51.78	10.36	.000	25.89	

@ORGANIZED OUTPATIENT CLINIC	15,231	30,328	\$	4,504,457.40	\$	148.52	.691	\$	295.74	\$
CLINIC	441	2,171		57,485.38		26.48	.049		130.35	
SURGICENTER	3	11		968.16		88.01	.000		322.72	
HEROIN DETOX CLINIC	1	11		139.36		12.67	.000		139.36	
RURAL HEALTH CLINIC	14,793	28,135		4,445,864.50		158.02	.641		300.54	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

	43,888 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	4,947	105,440	\$	876,021.41	\$ 8.31	2.402	\$ 177.08	\$
DURABLE MED. EQUIP.	47	252		34,331.74	136.24	.006	730.46	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	5	10		4,372.38	437.24	.000	874.48	
MEDICAL TRANSPORTATION	128	1,588		37,676.01	23.73	.036	294.34	
AMBULANCES/AIR TRANS	126	1,549		21,740.55	14.04	.035	172.54	
OTHER TRANS	1	8		43.10	5.39	.000	43.10	
OTHER SERVICES	31	31		15,892.36	512.66	.001	512.66	
ACUPUNCTURE	23	60		1,044.13	17.40	.001	45.40	
ADULT DAY HEALTH CARE CTR	8	76		5,308.96	69.85	.002	663.62	
GENETIC DISEASE TESTING	249	249		26,097.00	104.81	.006	104.81	
IHMC,MODEL-NF,NF,AIDS,MSSP	195	10,188		321,824.76	31.59	.232	1650.38	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	1,766	4,008		38,095.94	9.50	.091	21.57	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	23	118		21,897.71	185.57	.003	952.07	
PROSTHETICS	23	118		21,897.71	185.57	.003	952.07	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	35	149		5,654.13	37.95	.003	161.55	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2,321	34,976		231,974.66	6.63	.797	99.95	
EPSDT SUPPLEMENTAL SERVICE	23	4,314		115,087.34	26.68	.098	5003.80	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	192	49,452		32,656.65	.66	1.127	170.09	
@CALIF. CHILDREN SERVICES*	2,344	77,338	\$	3,712,604.39	\$ 48.00	1.762	\$ 1583.88	\$
@XOVER EXCLUDING STATE HOSP**	323	6,841	\$	33,198.91	\$ 4.85	.156	\$ 102.78	\$

\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	7,149 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	4,946	35,544	\$	1,738,864.39	\$ 48.92	4.972	\$ 351.57	\$
@PHYSICIANS SERVICES	897	2,483	\$	144,726.09	\$ 58.29	.347	\$ 161.34	\$
OUTPATIENT VISITS	634	768		31,910.88	41.55	.107	50.33	
OFFICE VISITS	428	513		18,793.08	36.63	.072	43.91	
HOME VISITS	0	0		.00	.00	.000	.00	

EMERGENCY ROOM	189	203		10,671.21	52.57	.028	56.46	
PREVENTIVE CARE	2	2		69.38	34.69	.000	34.69	
OB VISITS/COMPRE PERI	3	13		633.32	48.72	.002	211.11	
OTHER OUTPATIENT	30	37		1,743.89	47.13	.005	58.13	
INPATIENT VISITS	93	533		55,235.65	103.63	.075	593.93	
HOSPITAL VISITS	80	298		16,245.87	54.52	.042	203.07	
CRITICAL CARE	25	235		38,989.78	165.91	.033	1559.59	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	8	9		390.36	43.37	.001	48.80	
EXAMINATIONS	8	9		390.36	43.37	.001	48.80	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	28	228		14,640.20	64.21	.032	522.86	
PRINCIPAL SURGEON	22	64		9,660.76	150.95	.009	439.13	
ASSISTANT SURGEON	1	1		194.52	194.52	.000	194.52	
ANESTHESIOLOGIST	13	163		4,784.92	29.36	.023	368.07	
OUTPATIENT SURGERY	31	83		5,116.38	61.64	.012	165.04	
PRINCIPAL SURGEON	26	34		3,627.93	106.70	.005	139.54	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	6	49		1,488.45	30.38	.007	248.08	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	26	57		1,144.22	20.07	.008	44.01	
RADIOLOGY	183	370		8,173.15	22.09	.052	44.66	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	10	16		271.10	16.94	.002	27.11	
OTHER SERVICES/ALL X-OVERS	148	419		27,844.15	66.45	.059	188.14	
@PHARMACY	1,060	7,620	\$	171,238.29	22.47	1.066	161.55	\$
PRESCRIPTION DRUGS	1,034	1,950		162,124.43	83.14	.273	156.79	
SNF/ICF	1	1		19.57	19.57	.000	19.57	
OUTPATIENTS	1,033	1,949		162,104.86	83.17	.273	156.93	
MEDICAL SUPPLIES	67	5,670		9,113.86	1.61	.793	136.03	
@DENTIST	520	2,869	\$	85,634.00	29.85	.401	164.68	\$
VISITS - DIAGNOSTIC	427	1,897		29,734.05	15.67	.265	69.63	
ORAL SURGERY	71	211		18,655.75	88.42	.030	262.76	
DRUGS	29	39		801.25	20.54	.005	27.63	
ANESTHESIA	25	29		2,275.00	78.45	.004	91.00	
PERIODONTICS	2	2		167.00	83.50	.000	83.50	
ENDODONTICS	26	50		4,761.00	95.22	.007	183.12	
RESTORATIVE DENTISTRY	165	574		25,894.95	45.11	.080	156.94	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	4	5		600.00	120.00	.001	150.00	
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.000	50.00	
FRACTURES, DISLOCATIONS	1	1		700.00	700.00	.000	700.00	
ORTHODONTIC SERVICES	16	23		1,920.00	83.48	.003	120.00	
ALL OTHER SERVICES	19	37		75.00	2.03	.005	3.95	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W							
						----- MONTHLY AVERAGE -		
7,149 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	62	179	\$	3,595.93	\$ 20.09	.025	\$ 58.00	\$
DIAGNOSTIC AND ANC. PROCED	45	52		1,720.65	33.09	.007	38.24	
EYE APPLIANCES	45	126		1,851.28	14.69	.018	41.14	
OTHER OPTOMETRIC SERVICES	1	1		24.00	24.00	.000	24.00	

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	25	585	\$	19,525.99	\$	33.38	.082	\$	781.04	\$
NURSE ANESTHESIST	1	70	\$	73.94	\$	1.06	.010	\$	73.94	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	540	2,134	\$	743,010.40	\$	348.18	.299	\$	1375.95	\$
HOSP INPATIENT TOTAL	45	341		675,346.22		1980.49	.048		15007.69	
HSC HOSPITALS	28	272		502,897.00		1848.89	.038		17960.61	
NON-HSC HOSPITAL TOTAL	17	69		172,449.22		2499.26	.010		10144.07	
ACCOMMODATIONS	17	69		57,184.54		828.76	.010		3363.80	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	17	69		57,184.54		828.76	.010		3363.80	
ANCILLARIES	17	0		115,264.68		.00	.000		6780.28	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	504	1,793		67,664.18		37.74	.251		134.25	
MEDICAL	117	203		18,361.12		90.45	.028		156.93	
SURGERY	33	32		978.19		30.57	.004		29.64	
PATHOLOGY	165	617		5,808.38		9.41	.086		35.20	
RADIOLOGY	139	165		10,107.06		61.25	.023		72.71	
ROOM USE	257	298		11,466.13		38.48	.042		44.62	
CROSSOVERS/ALL OTH OUTPTNT	142	478		20,943.30		43.81	.067		147.49	
@COUNTY HOSPITAL TOTAL	11	19	\$	1,911.76	\$	100.62	.003	\$	173.80	\$
CO HOSPITAL INPATIENT TOTAL	1	1		1,352.00		1352.00	.000		1352.00	
HSC HOSPITALS	1	1		1,352.00		1352.00	.000		1352.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	10	18	559.76	31.10	.003	55.98
MEDICAL	4	4	266.75	66.69	.001	66.69
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	4	7	54.37	7.77	.001	13.59
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	4	4	139.18	34.80	.001	34.80
CROSSOVERS/ALL OTH OUTPTNT	2	3	99.46	33.15	.000	49.73

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR    MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

	7,149 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	529	2,115	\$	741,098.64	\$ 350.40	.296	\$ 1400.94	\$
COMM HOSP INPATIENT TOTAL	44	340		673,994.22	1982.34	.048	15318.05	
HSC HOSPITALS	27	271		501,545.00	1850.72	.038	18575.74	
NON-HSC HOSPITALS TOTAL	17	69		172,449.22	2499.26	.010	10144.07	
ACCOMMODATIONS	17	69		57,184.54	828.76	.010	3363.80	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	17	69		57,184.54	828.76	.010	3363.80	
ANCILLARIES	17	0		115,264.68	.00	.000	6780.28	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	494	1,775		67,104.42	37.81	.248	135.84	
MEDICAL	113	199		18,094.37	90.93	.028	160.13	
SURGERY	33	32		978.19	30.57	.004	29.64	
PATHOLOGY	161	610		5,754.01	9.43	.085	35.74	
RADIOLOGY	139	165		10,107.06	61.25	.023	72.71	
ROOM USE	253	294		11,326.95	38.53	.041	44.77	
CROSSOVERS/ALL OTH OUTPTNT	140	475		20,843.84	43.88	.066	148.88	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	39	379	\$	5,443.06	\$ 14.36	.053	\$ 139.57	\$



HOSPITAL BASED	11	44		1,050.99		23.89	.006	95.54	
INDEPENDENT FACILITY	28	335		4,392.07		13.11	.047	156.86	
@LABORATORY FACILITY	265	512	\$	5,536.15	\$	10.81	.072	20.89	\$
PATHOLOGY	265	512		5,536.15		10.81	.072	20.89	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	2,258	3,321	\$	511,524.10	\$	154.03	.465	226.54	\$
CLINIC	152	215		7,216.25		33.56	.030	47.48	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	2,120	3,106		504,307.85		162.37	.434	237.88	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

							----- MONTHLY AVERAGE -			
7,149 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		C E
@ALL OTHER PROVIDERS	350	15,392	\$	48,556.44	\$	3.15	2.153	\$ 138.73	\$	
DURABLE MED. EQUIP.	19	77		10,977.86		142.57	.011	577.78		
BLOOD BANK	0	0		.00		.00	.000	.00		
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		
MEDICAL TRANSPORTATION	27	762		19,887.20		26.10	.107	736.56		
AMBULANCES/AIR TRANS	26	749		9,543.04		12.74	.105	367.04		
OTHER TRANS	0	0		.00		.00	.000	.00		
OTHER SERVICES	12	13		10,344.16		795.70	.002	862.01		
ACUPUNCTURE	0	0		.00		.00	.000	.00		
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		
GENETIC DISEASE TESTING	14	14		1,470.00		105.00	.002	105.00		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00		.00	.000	.00		
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		
OPTICIAN	106	233		1,923.14		8.25	.033	18.14		
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		
PORTABLE X-RAY	0	0		.00		.00	.000	.00		
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		
PROSTHETICS	0	0		.00		.00	.000	.00		
ORTHOTICS	0	0		.00		.00	.000	.00		
PSYCHOLOGIST	0	0		.00		.00	.000	.00		
SPEECH AND AUDIOLOGY	2	2		66.28		33.14	.000	33.14		
HOSPICE SERVICES	0	0		.00		.00	.000	.00		
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		
LOCAL EDUCATION AGENCIES	178	1,858		12,234.36		6.58	.260	68.73		
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		
ALL OTHER PROVIDERS	13	12,446		1,997.60		.16	1.741	153.66		
@CALIF. CHILDREN SERVICES*	349	9,126	\$	801,605.07	\$	87.84	1.277	\$ 2296.86	\$	
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$ .00	\$	

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MIC - SOC      AID CODE 83

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		C E
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@TOTAL, ALL PROVIDERS	43	559	\$	79,440.55	\$	142.11	139.750	\$	1847.45	\$	1
@PHYSICIANS SERVICES	13	40	\$	2,808.31	\$	70.21	10.000	\$	216.02	\$	
OUTPATIENT VISITS	5	5		387.23		77.45	1.250		77.45		
OFFICE VISITS	1	1		25.29		25.29	.250		25.29		
HOME VISITS	0	0		.00		.00	.000		.00		
EMERGENCY ROOM	2	2		246.47		123.24	.500		123.24		
PREVENTIVE CARE	0	0		.00		.00	.000		.00		
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		
OTHER OUTPATIENT	2	2		115.47		57.74	.500		57.74		
INPATIENT VISITS	2	10		713.71		71.37	2.500		356.86		
HOSPITAL VISITS	2	10		713.71		71.37	2.500		356.86		
CRITICAL CARE	0	0		.00		.00	.000		.00		
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		
EXAMINATIONS	0	0		.00		.00	.000		.00		
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		
INPATIENT HOSPITAL SURGERY	2	7		856.96		122.42	1.750		428.48		
PRINCIPAL SURGEON	1	1		615.84		615.84	.250		615.84		
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		
ANESTHESIOLOGIST	1	6		241.12		40.19	1.500		241.12		
OUTPATIENT SURGERY	1	4		166.76		41.69	1.000		166.76		
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		
ANESTHESIOLOGIST	1	4		166.76		41.69	1.000		166.76		
DIALYSIS	0	0		.00		.00	.000		.00		
PATHOLOGY	4	9		557.64		61.96	2.250		139.41		
RADIOLOGY	4	4		68.71		17.18	1.000		17.18		
PSYCHIATRY	0	0		.00		.00	.000		.00		
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		
OTHER SERVICES/ALL X-OVERS	1	1		57.30		57.30	.250		57.30		
@PHARMACY	10	297	\$	20,977.91	\$	70.63	74.250	\$	2097.79	\$	
PRESCRIPTION DRUGS	10	92		15,014.64		163.20	23.000		1501.46		
SNF/ICF	0	0		.00		.00	.000		.00		
OUTPATIENTS	10	92		15,014.64		163.20	23.000		1501.46		
MEDICAL SUPPLIES	6	205		5,963.27		29.09	51.250		993.88		
@DENTIST	5	24	\$	455.00	\$	18.96	6.000	\$	91.00	\$	
VISITS - DIAGNOSTIC	3	12		100.00		8.33	3.000		33.33		
ORAL SURGERY	1	4		255.00		63.75	1.000		255.00		
DRUGS	0	0		.00		.00	.000		.00		
ANESTHESIA	1	1		100.00		100.00	.250		100.00		
PERIODONTICS	0	0		.00		.00	.000		.00		
ENDODONTICS	0	0		.00		.00	.000		.00		
RESTORATIVE DENTISTRY	2	7		.00		.00	1.750		.00		
PROSTHETICS	0	0		.00		.00	.000		.00		
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MIC - SOC	AID CODE 83	

04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE -	UNITS/DAYS	COST PER	C
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	2	7	\$	479.29	\$ 68.47	1.750	\$ 239.65	\$
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	15	158	\$	53,810.79	\$ 340.57	39.500	\$ 3587.39	\$ 1
HOSP INPATIENT TOTAL	3	6		5,739.00	956.50	1.500	1913.00	
HSC HOSPITALS	3	6		5,739.00	956.50	1.500	1913.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	12	152		48,071.79	316.26	38.000	4005.98	1
MEDICAL	4	7		194.92	27.85	1.750	48.73	
SURGERY	1	1		.00	.00	.250	.00	
PATHOLOGY	8	127		897.85	7.07	31.750	112.23	
RADIOLOGY	1	2		.00	.00	.500	.00	
ROOM USE	3	3		100.76	33.59	.750	33.59	
CROSSOVERS/ALL OTH OUTPTNT	5	12		46,878.26	3906.52	3.000	9375.65	1
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	

MOP024  
SANTA CRUZ COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MIC - SOC

AID CODE 83

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER PER ELIG USER	C E
@COMMUNITY HOSPITAL TOTAL	15	158	\$ 53,810.79	\$ 340.57	39.500 \$ 3587.39	\$ 1
COMM HOSP INPATIENT TOTAL	3	6	5,739.00	956.50	1.500 1913.00	
HSC HOSPITALS	3	6	5,739.00	956.50	1.500 1913.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00	
ACCOMMODATIONS	0	0	.00	.00	.000 .00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
ALL OTHER ACCOM	0	0	.00	.00	.000 .00	
ANCILLARIES	0	0	.00	.00	.000 .00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00	
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	
COMM HOSP OUTPATIENT TOTAL	12	152	48,071.79	316.26	38.000 4005.98	1
MEDICAL	4	7	194.92	27.85	1.750 48.73	
SURGERY	1	1	.00	.00	.250 .00	
PATHOLOGY	8	127	897.85	7.07	31.750 112.23	
RADIOLOGY	1	2	.00	.00	.500 .00	
ROOM USE	3	3	100.76	33.59	.750 33.59	
CROSSOVERS/ALL OTH OUTPTNT	5	12	46,878.26	3906.52	3.000 9375.65	1
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000 .00	
DEVELOP. DISABLED	0	0	.00	.00	.000 .00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00	
LEV B-REHAB MD	0	0	.00	.00	.000 .00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
LEV B-REGULAR	0	0	.00	.00	.000 .00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000 \$ .00	\$
ICF DDH	0	0	.00	.00	.000 .00	
ICF DD	0	0	.00	.00	.000 .00	

ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$ .00
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	2	19	\$	213.19	\$	11.22	\$ 106.60
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	2	19		213.19	11.22	4.750	106.60
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$ .00
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$	487.76	\$	162.59	\$ 162.59
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	3	3		487.76	162.59	.750	162.59

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MIC - SOC      AID CODE 83

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	2	11	\$ 208.30	\$ 18.94	2.750	\$ 104.15	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	2	117.04	58.52	.500	117.04	
AMBULANCES/AIR TRANS	1	2	117.04	58.52	.500	117.04	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	1	9	91.26	10.14	2.250	91.26	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	34	523	\$ 78,406.53	\$ 149.92	130.750	\$ 2306.07	\$ 1
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024  
SANTA CRUZ COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

	7,153 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS COST PER PER ELIG USER	C E
@TOTAL, ALL PROVIDERS	4,989	36,103	\$	1,818,304.94	\$ 50.36	5.047 \$ 364.46	\$
@PHYSICIANS SERVICES	910	2,523	\$	147,534.40	\$ 58.48	.353 \$ 162.13	\$
OUTPATIENT VISITS	639	773		32,298.11	41.78	.108 50.54	
OFFICE VISITS	429	514		18,818.37	36.61	.072 43.87	
HOME VISITS	0	0		.00	.00	.000 .00	
EMERGENCY ROOM	191	205		10,917.68	53.26	.029 57.16	
PREVENTIVE CARE	2	2		69.38	34.69	.000 34.69	
OB VISITS/COMPRE PERI	3	13		633.32	48.72	.002 211.11	
OTHER OUTPATIENT	32	39		1,859.36	47.68	.005 58.11	
INPATIENT VISITS	95	543		55,949.36	103.04	.076 588.94	
HOSPITAL VISITS	82	308		16,959.58	55.06	.043 206.82	
CRITICAL CARE	25	235		38,989.78	165.91	.033 1559.59	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000 .00	
OPHTHALMOLOGICAL SERVICES	8	9		390.36	43.37	.001 48.80	
EXAMINATIONS	8	9		390.36	43.37	.001 48.80	
SERVICES AND MATERIALS	0	0		.00	.00	.000 .00	
INPATIENT HOSPITAL SURGERY	30	235		15,497.16	65.95	.033 516.57	
PRINCIPAL SURGEON	23	65		10,276.60	158.10	.009 446.81	
ASSISTANT SURGEON	1	1		194.52	194.52	.000 194.52	
ANESTHESIOLOGIST	14	169		5,026.04	29.74	.024 359.00	
OUTPATIENT SURGERY	32	87		5,283.14	60.73	.012 165.10	
PRINCIPAL SURGEON	26	34		3,627.93	106.70	.005 139.54	
ASSISTANT SURGEON	0	0		.00	.00	.000 .00	
ANESTHESIOLOGIST	7	53		1,655.21	31.23	.007 236.46	
DIALYSIS	0	0		.00	.00	.000 .00	
PATHOLOGY	30	66		1,701.86	25.79	.009 56.73	
RADIOLOGY	187	374		8,241.86	22.04	.052 44.07	
PSYCHIATRY	0	0		.00	.00	.000 .00	
IMMUNIZATION AND INJECTION	10	16		271.10	16.94	.002 27.11	
OTHER SERVICES/ALL X-OVERS	149	420		27,901.45	66.43	.059 187.26	
@PHARMACY	1,070	7,917	\$	192,216.20	\$ 24.28	1.107 \$ 179.64	\$
PRESCRIPTION DRUGS	1,044	2,042		177,139.07	86.75	.285 169.67	
SNF/ICF	1	1		19.57	19.57	.000 19.57	
OUTPATIENTS	1,043	2,041		177,119.50	86.78	.285 169.82	
MEDICAL SUPPLIES	73	5,875		15,077.13	2.57	.821 206.54	
@DENTIST	525	2,893	\$	86,089.00	\$ 29.76	.404 \$ 163.98	\$
VISITS - DIAGNOSTIC	430	1,909		29,834.05	15.63	.267 69.38	
ORAL SURGERY	72	215		18,910.75	87.96	.030 262.65	
DRUGS	29	39		801.25	20.54	.005 27.63	
ANESTHESIA	26	30		2,375.00	79.17	.004 91.35	
PERIODONTICS	2	2		167.00	83.50	.000 83.50	
ENDODONTICS	26	50		4,761.00	95.22	.007 183.12	
RESTORATIVE DENTISTRY	167	581		25,894.95	44.57	.081 155.06	
PROSTHETICS	0	0		.00	.00	.000 .00	
DENTURES, STAYPLATES	0	0		.00	.00	.000 .00	
SPACE MAINTAINERS	4	5		600.00	120.00	.001 150.00	
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.000 50.00	
FRACTURES, DISLOCATIONS	1	1		700.00	700.00	.000 700.00	
ORTHODONTIC SERVICES	16	23		1,920.00	83.48	.003 120.00	
ALL OTHER SERVICES	19	37		75.00	2.03	.005 3.95	

#CALIF DEPT OF HEALTH SERV  
MOP024  
SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

7,153 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	62	179	\$ 3,595.93	\$ 20.09	.025	\$ 58.00	\$
DIAGNOSTIC AND ANC. PROCED	45	52	1,720.65	33.09	.007	38.24	
EYE APPLIANCES	45	126	1,851.28	14.69	.018	41.14	
OTHER OPTOMETRIC SERVICES	1	1	24.00	24.00	.000	24.00	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	.00	.00	.000	.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	27	592	\$ 20,005.28	\$ 33.79	.083	\$ 740.94	\$
NURSE ANESTHESIST	1	70	73.94	1.06	.010	73.94	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	555	2,292	\$ 796,821.19	\$ 347.65	.320	\$ 1435.71	\$
HOSP INPATIENT TOTAL	48	347	681,085.22	1962.78	.049	14189.28	
HSC HOSPITALS	31	278	508,636.00	1829.63	.039	16407.61	
NON-HSC HOSPITAL TOTAL	17	69	172,449.22	2499.26	.010	10144.07	
ACCOMMODATIONS	17	69	57,184.54	828.76	.010	3363.80	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	17	69	57,184.54	828.76	.010	3363.80	
ANCILLARIES	17	0	115,264.68	.00	.000	6780.28	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	516	1,945	115,735.97	59.50	.272	224.29	
MEDICAL	121	210	18,556.04	88.36	.029	153.36	
SURGERY	34	33	978.19	29.64	.005	28.77	
PATHOLOGY	173	744	6,706.23	9.01	.104	38.76	
RADIOLOGY	140	167	10,107.06	60.52	.023	72.19	
ROOM USE	260	301	11,566.89	38.43	.042	44.49	
CROSSOVERS/ALL OTH OUTPTNT	147	490	67,821.56	138.41	.069	461.37	
@COUNTY HOSPITAL TOTAL	11	19	\$ 1,911.76	\$ 100.62	.003	\$ 173.80	\$
CO HOSPITAL INPATIENT TOTAL	1	1	1,352.00	1352.00	.000	1352.00	
HSC HOSPITALS	1	1	1,352.00	1352.00	.000	1352.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	10	18	559.76	31.10	.003	55.98	
MEDICAL	4	4	266.75	66.69	.001	66.69	
SURGERY	0	0	.00	.00	.000	.00	

PATHOLOGY	4	7	54.37	7.77	.001	13.59
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	4	4	139.18	34.80	.001	34.80
CROSSOVERS/ALL OTH OUTPTNT	2	3	99.46	33.15	.000	49.73

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - CHILDREN - TOTAL

7,153 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	544	2,273	\$ 794,909.43	\$ 349.72	.318	\$ 1461.23	\$
COMM HOSP INPATIENT TOTAL	47	346	679,733.22	1964.55	.048	14462.41	
HSC HOSPITALS	30	277	507,284.00	1831.35	.039	16909.47	
NON-HSC HOSPITALS TOTAL	17	69	172,449.22	2499.26	.010	10144.07	
ACCOMMODATIONS	17	69	57,184.54	828.76	.010	3363.80	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	17	69	57,184.54	828.76	.010	3363.80	
ANCILLARIES	17	0	115,264.68	.00	.000	6780.28	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	506	1,927	115,176.21	59.77	.269	227.62	
MEDICAL	117	206	18,289.29	88.78	.029	156.32	
SURGERY	34	33	978.19	29.64	.005	28.77	
PATHOLOGY	169	737	6,651.86	9.03	.103	39.36	
RADIOLOGY	140	167	10,107.06	60.52	.023	72.19	
ROOM USE	256	297	11,427.71	38.48	.042	44.64	
CROSSOVERS/ALL OTH OUTPTNT	145	487	67,722.10	139.06	.068	467.05	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	41	398	\$ 5,656.25	\$ 14.21	.056	\$ 137.96	\$
HOSPITAL BASED	11	44	1,050.99	23.89	.006	95.54	
INDEPENDENT FACILITY	30	354	4,605.26	13.01	.049	153.51	
@LABORATORY FACILITY	265	512	\$ 5,536.15	\$ 10.81	.072	\$ 20.89	\$
PATHOLOGY	265	512	5,536.15	10.81	.072	20.89	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	2,261	3,324	\$ 512,011.86	\$ 154.03	.465	\$ 226.45	\$
CLINIC	152	215	7,216.25	33.56	.030	47.48	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	



RURAL HEALTH CLINIC	2,123	3,109	504,795.61	162.37	.435	237.77	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL						

	7,153 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	352		15,403	\$ 48,764.74	\$ 3.17	2.153	\$ 138.54	\$
DURABLE MED. EQUIP.	19		77	10,977.86	142.57	.011	577.78	
BLOOD BANK	0		0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	28		764	20,004.24	26.18	.107	714.44	
AMBULANCES/AIR TRANS	27		751	9,660.08	12.86	.105	357.78	
OTHER TRANS	0		0	.00	.00	.000	.00	
OTHER SERVICES	12		13	10,344.16	795.70	.002	862.01	
ACUPUNCTURE	0		0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	14		14	1,470.00	105.00	.002	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	
OPTICIAN	106		233	1,923.14	8.25	.033	18.14	
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	
PORTABLE X-RAY	0		0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0		0	.00	.00	.000	.00	
PROSTHETICS	0		0	.00	.00	.000	.00	
ORTHOTICS	0		0	.00	.00	.000	.00	
PSYCHOLOGIST	0		0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2		2	66.28	33.14	.000	33.14	
HOSPICE SERVICES	0		0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	179		1,867	12,325.62	6.60	.261	68.86	
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	13		12,446	1,997.60	.16	1.740	153.66	
@CALIF. CHILDREN SERVICES*	383		9,649	\$ 880,011.60	\$ 91.20	1.349	\$ 2297.68	\$

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 .000 \$ .00 \$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 MOP024 FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	3	3	\$ 631.94	\$ 210.65	.000	\$ 210.65	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	

SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING      AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA	
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	

XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$	631.94	\$ 210.65	.000	\$ 210.65
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	3	3		631.94	210.65	.000	210.65

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING      AID CODE 81

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	0	0		.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	101	220	\$	85,870.37	\$ 390.32	55.000	\$ 850.20	\$ 2
@PHYSICIANS SERVICES	3	21	\$	2,398.41	\$ 114.21	5.250	\$ 799.47	\$
OUTPATIENT VISITS	1	2		186.79	93.40	.500	186.79	
OFFICE VISITS	0	0		.00	.00	.000	.00	

HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	1	2	186.79	93.40	.500	186.79
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	1	14	1,721.49	122.96	3.500	1721.49
HOSPITAL VISITS	1	8	551.93	68.99	2.000	551.93
CRITICAL CARE	1	6	1,169.56	194.93	1.500	1169.56
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	1	2	247.43	123.72	.500	247.43
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	2	3	242.70	80.90	.750	121.35
@PHARMACY	2	2	\$ 171.73	\$ 85.87	.500	\$ 85.87
PRESCRIPTION DRUGS	2	2	171.73	85.87	.500	85.87
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	2	2	171.73	85.87	.500	85.87
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	13	37	\$ 1,408.00	\$ 38.05	9.250	\$ 108.31
VISITS - DIAGNOSTIC	12	22	496.00	22.55	5.500	41.33
ORAL SURGERY	4	5	385.00	77.00	1.250	96.25
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	2	2	200.00	100.00	.500	100.00

PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	1	1	39.00	39.00	.250	39.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	1.750	288.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA						
MOP024      FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MIA - NO SOC - PREGNANT      AID CODE 86						
04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS      COST PER PER ELIG      USER	C E
@OPTOMETRIST	0	0      \$	.00	\$ .00	.000      \$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0      \$	.00	\$ .00	.000      \$ .00	\$
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0      \$	.00	\$ .00	.000      \$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0      \$	.00	\$ .00	.000      \$ .00	\$
NURSE ANESTHESIST	0	0      \$	.00	\$ .00	.000      \$ .00	\$
NURSE MIDWIFE	0	0      \$	.00	\$ .00	.000      \$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0      \$	.00	\$ .00	.000      \$ .00	\$
FAMILY NURSE PRACTITIONER	0	0      \$	.00	\$ .00	.000      \$ .00	\$
@TOTAL HOSPITAL	13	25      \$	65,254.42	\$ 2610.18	6.250      \$ 5019.57	\$ 1
HOSP INPATIENT TOTAL	5	6	64,680.16	10780.03	1.500	12936.03      1
HSC HOSPITALS	4	3	61,980.00	20660.00	.750	15495.00      1
NON-HSC HOSPITAL TOTAL	1	3	2,700.16	900.05	.750	2700.16
ACCOMMODATIONS	1	3	999.36	333.12	.750	999.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	1	3	999.36	333.12	.750	999.36
ANCILLARIES	1	0	1,700.80	.00	.000	1700.80
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	8	19	574.26	30.22	4.750	71.78
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	8	19	574.26	30.22	4.750	71.78
@COUNTY HOSPITAL TOTAL	0	0      \$	.00	\$ .00	.000      \$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00

ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C F
@COMMUNITY HOSPITAL TOTAL	13	25	\$ 65,254.42	\$ 2610.18	6.250	\$ 5019.57	\$ 1
COMM HOSP INPATIENT TOTAL	5	6	64,680.16	10780.03	1.500	12936.03	1
HSC HOSPITALS	4	3	61,980.00	20660.00	.750	15495.00	1
NON-HSC HOSPITALS TOTAL	1	3	2,700.16	900.05	.750	2700.16	
ACCOMMODATIONS	1	3	999.36	333.12	.750	999.36	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	3	999.36	333.12	.750	999.36	
ANCILLARIES	1	0	1,700.80	.00	.000	1700.80	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	8	19	574.26	30.22	4.750	71.78	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	8	19	574.26	30.22	4.750	71.78	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	



@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	1	5	\$	91.24	\$	18.25	1.250	\$	91.24	\$
PATHOLOGY	1	5		91.24		18.25	1.250		91.24	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	53	105	\$	14,501.65	\$	138.11	26.250	\$	273.62	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	53	105		14,501.65		138.11	26.250		273.62	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT      AID CODE 86

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C
@ALL OTHER PROVIDERS	22	25	\$ 2,044.92	\$ 81.80	6.250	\$ 92.95	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	19	19	1,995.00	105.00	4.750	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	49.92	8.32	1.500	16.64	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	6	62	\$ 66,891.78	\$ 1078.90	15.500	\$ 11148.63	\$ 1
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	MONTHLY AVERAGE - C
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F
@TOTAL, ALL PROVIDERS	104	223	\$	86,502.31	\$ 387.90	55.750	\$ 831.75	\$ 2
@PHYSICIANS SERVICES	3	21	\$	2,398.41	\$ 114.21	5.250	\$ 799.47	\$
OUTPATIENT VISITS	1	2		186.79	93.40	.500	186.79	
OFFICE VISITS	0	0		.00	.00	.000	.00	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	2		186.79	93.40	.500	186.79	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	1	14		1,721.49	122.96	3.500	1721.49	
HOSPITAL VISITS	1	8		551.93	68.99	2.000	551.93	
CRITICAL CARE	1	6		1,169.56	194.93	1.500	1169.56	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	1	2		247.43	123.72	.500	247.43	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	3		242.70	80.90	.750	121.35	
@PHARMACY	2	2	\$	171.73	\$ 85.87	.500	\$ 85.87	\$
PRESCRIPTION DRUGS	2	2		171.73	85.87	.500	85.87	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	2	2		171.73	85.87	.500	85.87	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	
@DENTIST	13	37	\$	1,408.00	\$ 38.05	9.250	\$ 108.31	\$
VISITS - DIAGNOSTIC	12	22		496.00	22.55	5.500	41.33	
ORAL SURGERY	4	5		385.00	77.00	1.250	96.25	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	2	2		200.00	100.00	.500	100.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	1	1		39.00	39.00	.250	39.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	1	7		288.00	41.14	1.750	288.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV  
 MOP024  
 SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

----- MONTHLY AVERAGE -

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	13	25 \$	65,254.42	\$ 2610.18	6.250	\$ 5019.57	\$ 1
HOSP INPATIENT TOTAL	5	6	64,680.16	10780.03	1.500	12936.03	1
HSC HOSPITALS	4	3	61,980.00	20660.00	.750	15495.00	1
NON-HSC HOSPITAL TOTAL	1	3	2,700.16	900.05	.750	2700.16	
ACCOMMODATIONS	1	3	999.36	333.12	.750	999.36	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	3	999.36	333.12	.750	999.36	
ANCILLARIES	1	0	1,700.80	.00	.000	1700.80	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	8	19	574.26	30.22	4.750	71.78	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	

CROSSOVERS/ALL OTH OUTPTNT	8	19		574.26	30.22	4.750	71.78
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	13	25	\$ 65,254.42	\$ 2610.18	6.250	\$ 5019.57	\$ 1
COMM HOSP INPATIENT TOTAL	5	6	64,680.16	10780.03	1.500	12936.03	1
HSC HOSPITALS	4	3	61,980.00	20660.00	.750	15495.00	1
NON-HSC HOSPITALS TOTAL	1	3	2,700.16	900.05	.750	2700.16	
ACCOMMODATIONS	1	3	999.36	333.12	.750	999.36	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	3	999.36	333.12	.750	999.36	
ANCILLARIES	1	0	1,700.80	.00	.000	1700.80	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	8	19	574.26	30.22	4.750	71.78	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	8	19	574.26	30.22	4.750	71.78	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	

ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	1	5	\$	91.24	\$	18.25	1.250	\$ 91.24
PATHOLOGY	1	5		91.24		18.25	1.250	91.24
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	56	108	\$	15,133.59	\$	140.13	27.000	\$ 270.24
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	56	108		15,133.59		140.13	27.000	270.24

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@ALL OTHER PROVIDERS	22	25	\$ 2,044.92	\$ 81.80	6.250	\$ 92.95	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	19	19	1,995.00	105.00	4.750	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	49.92	8.32	1.500	16.64	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	6	62	\$ 66,891.78	\$ 1078.90	15.500	\$ 11148.63	\$ 1
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV  
MOP024  
SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR MIA - SOC - LTC

PA

AID CODE 53

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	63	508	\$ 68,460.31	\$ 134.76	42.333	\$ 1086.67	\$
@PHYSICIANS SERVICES	4	4	\$ 105.72	\$ 26.43	.333	\$ 26.43	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	3	3	82.50	27.50	.250	27.50	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	3	3	82.50	27.50	.250	27.50	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	1	1	23.22	23.22	.083	23.22	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	43	103	\$ 16,902.41	\$ 164.10	8.583	\$ 393.08	\$
PRESCRIPTION DRUGS	43	103	16,902.41	164.10	8.583	393.08	
SNF/ICF	42	99	16,760.27	169.30	8.250	399.05	
OUTPATIENTS	1	4	142.14	35.54	.333	142.14	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	3	8	\$ 102.00	\$ 12.75	.667	\$ 34.00	\$
VISITS - DIAGNOSTIC	3	8	102.00	12.75	.667	34.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	

ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - LTC					
	AID CODE 53					
	----- MONTHLY AVERAGE -					
12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	5	6	\$ 165.00	\$ 27.50	.500	\$ 33.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
@TOTAL HOSPITAL	4	13	\$ 861.62	\$ 66.28	1.083	\$ 215.41
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	4	13	861.62	66.28	1.083	215.41
MEDICAL	4	5	248.23	49.65	.417	62.06
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	2	4	471.43	117.86	.333	235.72
ROOM USE	3	4	141.96	35.49	.333	47.32
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	4	13	\$ 861.62	\$ 66.28	1.083	\$ 215.41
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	4	13	861.62	66.28	1.083	215.41
MEDICAL	4	5	248.23	49.65	.417	62.06

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	2	4	471.43	117.86	.333	235.72
ROOM USE	3	4	141.96	35.49	.333	47.32
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - LTC      AID CODE 53

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	11	304	\$ 45,422.06	\$ 149.41	25.333	\$ 4129.28	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	



LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	11	304	45,422.06	149.41	25.333	4129.28
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	1	1	\$ 14.98	\$ 14.98	.083	\$ 14.98
PATHOLOGY	1	1	14.98	14.98	.083	14.98
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	11	19	\$ 4,367.02	\$ 229.84	1.583	\$ 397.00
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	11	19	4,367.02	229.84	1.583	397.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - LTC      AID CODE 53

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER PER ELIG      USER	C E
@ALL OTHER PROVIDERS	7	50	\$ 519.50	\$ 10.39	4.167      \$ 74.21	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	6	48	493.42	10.28	4.000	82.24
AMBULANCES/AIR TRANS	1	5	224.97	44.99	.417	224.97
OTHER TRANS	5	43	268.45	6.24	3.583	53.69
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	1	2	26.08	13.04	.167	26.08
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00

@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT      AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA						
MOP024      FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT      AID CODE 87						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00

ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT      AID CODE 87

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER	C E
					PER ELIG      USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000      \$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000      \$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000      \$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000      \$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000      \$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000      \$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000      \$ .00	\$

PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT					
				AID CODE 87		
					----- MONTHLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	63	508	\$ 68,460.31	\$ 134.76	42.333	\$ 1086.67	\$
@PHYSICIANS SERVICES	4	4	\$ 105.72	\$ 26.43	.333	\$ 26.43	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	3	3	82.50	27.50	.250	27.50	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	3	3	82.50	27.50	.250	27.50	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	1	1	23.22	23.22	.083	23.22	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	43	103	\$ 16,902.41	\$ 164.10	8.583	\$ 393.08	\$
PRESCRIPTION DRUGS	43	103	16,902.41	164.10	8.583	393.08	
SNF/ICF	42	99	16,760.27	169.30	8.250	399.05	
OUTPATIENTS	1	4	142.14	35.54	.333	142.14	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	3	8	\$ 102.00	\$ 12.75	.667	\$ 34.00	\$
VISITS - DIAGNOSTIC	3	8	102.00	12.75	.667	34.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	

ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	5	6	\$ 165.00	\$ 27.50	.500	\$ 33.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	4	13	\$ 861.62	\$ 66.28	1.083	\$ 215.41	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	4	13	861.62	66.28	1.083	215.41	
MEDICAL	4	5	248.23	49.65	.417	62.06	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	2	4	471.43	117.86	.333	235.72	
ROOM USE	3	4	141.96	35.49	.333	47.32	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	4	13	\$ 861.62	\$ 66.28	1.083	\$ 215.41	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	4	13	861.62	66.28	1.083	215.41
MEDICAL	4	5	248.23	49.65	.417	62.06
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	2	4	471.43	117.86	.333	235.72
ROOM USE	3	4	141.96	35.49	.333	47.32
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	11	304	\$ 45,422.06	\$ 149.41	25.333	\$ 4129.28	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	11	304	45,422.06	149.41	25.333	4129.28	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	



HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	1	1	\$	14.98	\$	14.98	.083	\$ 14.98	\$
PATHOLOGY	1	1		14.98		14.98	.083	14.98	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	11	19	\$	4,367.02	\$	229.84	1.583	\$ 397.00	\$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	11	19		4,367.02		229.84	1.583	397.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		
@ALL OTHER PROVIDERS	7	50	\$ 519.50	\$ 10.39	4.167	\$ 74.21	\$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		
BLOOD BANK	0	0	.00	.00	.000	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		
MEDICAL TRANSPORTATION	6	48	493.42	10.28	4.000	82.24		
AMBULANCES/AIR TRANS	1	5	224.97	44.99	.417	224.97		
OTHER TRANS	5	43	268.45	6.24	3.583	53.69		
OTHER SERVICES	0	0	.00	.00	.000	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		
OPTICIAN	1	2	26.08	13.04	.167	26.08		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		
PROSTHETICS	0	0	.00	.00	.000	.00		
ORTHOTICS	0	0	.00	.00	.000	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR FOR FUTURE USE

----- MONTHLY AVERAGE -----

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	0	0	.00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	.00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	.00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	

ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00 \$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR FOR FUTURE USE					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$

ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER	- C F
					PER ELIG      USER	
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA

MOP024      FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - ADULTS - TOTAL

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	167	731	\$ 154,962.62	\$ 211.99	45.688	\$ 927.92	\$
@PHYSICIANS SERVICES	7	25	\$ 2,504.13	\$ 100.17	1.563	\$ 357.73	\$
OUTPATIENT VISITS	1	2	186.79	93.40	.125	186.79	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	2	186.79	93.40	.125	186.79	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	4	17	1,803.99	106.12	1.063	451.00	
HOSPITAL VISITS	1	8	551.93	68.99	.500	551.93	
CRITICAL CARE	1	6	1,169.56	194.93	.375	1169.56	
SNF/ICF/TRANS IP CARE	3	3	82.50	27.50	.188	27.50	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	1	2	247.43	123.72	.125	247.43	
PSYCHIATRY	1	1	23.22	23.22	.063	23.22	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	3	242.70	80.90	.188	121.35	
@PHARMACY	45	105	\$ 17,074.14	\$ 162.61	6.563	\$ 379.43	\$
PRESCRIPTION DRUGS	45	105	17,074.14	162.61	6.563	379.43	
SNF/ICF	42	99	16,760.27	169.30	6.188	399.05	
OUTPATIENTS	3	6	313.87	52.31	.375	104.62	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	16	45	\$ 1,510.00	\$ 33.56	2.813	\$ 94.38	\$
VISITS - DIAGNOSTIC	15	30	598.00	19.93	1.875	39.87	
ORAL SURGERY	4	5	385.00	77.00	.313	96.25	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	2	2	200.00	100.00	.125	100.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	1	1	39.00	39.00	.063	39.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	1	7	288.00	41.14	.438	288.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	

ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES      MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MEDICALLY INDIGENT - ADULTS - TOTAL

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000 \$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000 \$ .00	\$
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000 \$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000 \$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000 \$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000 \$ .00	\$
PEDIATRIC NURSE PRACTITIONER	5	6	\$ 165.00	\$ 27.50	.375 \$ 33.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000 \$ .00	\$
@TOTAL HOSPITAL	17	38	\$ 66,116.04	\$ 1739.90	2.375 \$ 3889.18	\$
HOSP INPATIENT TOTAL	5	6	64,680.16	10780.03	.375 12936.03	
HSC HOSPITALS	4	3	61,980.00	20660.00	.188 15495.00	
NON-HSC HOSPITAL TOTAL	1	3	2,700.16	900.05	.188 2700.16	
ACCOMMODATIONS	1	3	999.36	333.12	.188 999.36	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	
ALL OTHER ACCOM	1	3	999.36	333.12	.188 999.36	
ANCILLARIES	1	0	1,700.80	.00	.000 1700.80	
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00	
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	

HOSP OUTPATIENT TOTAL	12	32		1,435.88	44.87	2.000	119.66		
MEDICAL	4	5		248.23	49.65	.313	62.06		
SURGERY	0	0		.00	.00	.000	.00		
PATHOLOGY	0	0		.00	.00	.000	.00		
RADIOLOGY	2	4		471.43	117.86	.250	235.72		
ROOM USE	3	4		141.96	35.49	.250	47.32		
CROSSOVERS/ALL OTH OUTPTNT	8	19		574.26	30.22	1.188	71.78		
@COUNTY HOSPITAL TOTAL	4	13	\$	861.62	\$ 66.28	.813	\$ 215.41	\$	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		
HSC HOSPITALS	0	0		.00	.00	.000	.00		
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		
ACCOMMODATIONS	0	0		.00	.00	.000	.00		
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		
ANCILLARIES	0	0		.00	.00	.000	.00		
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		
CO HOSP OUTPATIENT TOTAL	4	13		861.62	66.28	.813	215.41		
MEDICAL	4	5		248.23	49.65	.313	62.06		
SURGERY	0	0		.00	.00	.000	.00		
PATHOLOGY	0	0		.00	.00	.000	.00		
RADIOLOGY	2	4		471.43	117.86	.250	235.72		
ROOM USE	3	4		141.96	35.49	.250	47.32		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024				FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY				SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL					
16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C F	
@COMMUNITY HOSPITAL TOTAL	13	25	\$	65,254.42	\$ 2610.18	1.563	\$ 5019.57	\$	
COMM HOSP INPATIENT TOTAL	5	6		64,680.16	10780.03	.375	12936.03		
HSC HOSPITALS	4	3		61,980.00	20660.00	.188	15495.00		
NON-HSC HOSPITALS TOTAL	1	3		2,700.16	900.05	.188	2700.16		
ACCOMMODATIONS	1	3		999.36	333.12	.188	999.36		
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
ALL OTHER ACCOM	1	3		999.36	333.12	.188	999.36		
ANCILLARIES	1	0		1,700.80	.00	.000	1700.80		
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	8	19		574.26	30.22	1.188	71.78		
MEDICAL	0	0		.00	.00	.000	.00		
SURGERY	0	0		.00	.00	.000	.00		
PATHOLOGY	0	0		.00	.00	.000	.00		
RADIOLOGY	0	0		.00	.00	.000	.00		
ROOM USE	0	0		.00	.00	.000	.00		
CROSSOVERS/ALL OTH OUTPTNT	8	19		574.26	30.22	1.188	71.78		
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
MENTALLY ILL	0	0		.00	.00	.000	.00		
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		
@NURSING FACILITY	11	304	\$	45,422.06	\$ 149.41	19.000	\$ 4129.28	\$	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		
LEV B-REHAB MD	0	0		.00	.00	.000	.00		



LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	11	304	45,422.06	149.41	19.000	4129.28
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	2	6	\$ 106.22	\$ 17.70	.375	\$ 53.11
PATHOLOGY	2	6	106.22	17.70	.375	53.11
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	67	127	\$ 19,500.61	\$ 153.55	7.938	\$ 291.05
CLINIC	0	0	.00	.00	.000	.00
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	67	127	19,500.61	153.55	7.938	291.05

#CALIF DEPT OF HEALTH SERV MOP024  
 SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@ALL OTHER PROVIDERS	29	75	\$ 2,564.42	\$ 34.19	4.688	\$ 88.43	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	6	48	493.42	10.28	3.000	82.24	
AMBULANCES/AIR TRANS	1	5	224.97	44.99	.313	224.97	
OTHER TRANS	5	43	268.45	6.24	2.688	53.69	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	19	19	1,995.00	105.00	1.188	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	4	8	76.00	9.50	.500	19.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	6	62	\$	66,891.78	\$ 1078.90	3.875	\$ 11148.63
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA

MOP024

FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY

SUMMARY OF SERVICES FOR ALL AGED

156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C F
@TOTAL, ALL PROVIDERS	5,785	57,115	\$ 2,558,075.24	\$ 44.79	366.122	\$ 442.19	\$ 1
@PHYSICIANS SERVICES	60	104	\$ 2,462.01	\$ 23.67	.667	\$ 41.03	\$
OUTPATIENT VISITS	1	2	152.68	76.34	.013	152.68	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	2	152.68	76.34	.013	152.68	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	2	14	20.07	1.43	.090	10.04	
RADIOLOGY	3	10	976.61	97.66	.064	325.54	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	54	78	1,312.65	16.83	.500	24.31	
@PHARMACY	1,674	25,557	\$ 446,529.79	\$ 17.47	163.827	\$ 266.74	\$
PRESCRIPTION DRUGS	1,660	2,712	442,649.67	163.22	17.385	266.66	
SNF/ICF	1,078	1,783	292,803.45	164.22	11.429	271.62	
OUTPATIENTS	585	929	149,846.22	161.30	5.955	256.15	
MEDICAL SUPPLIES	28	22,845	3,880.12	.17	146.442	138.58	
@DENTIST	1,032	3,933	\$ 158,425.60	\$ 40.28	25.212	\$ 153.51	\$
VISITS - DIAGNOSTIC	800	2,440	32,484.90	13.31	15.641	40.61	
ORAL SURGERY	152	560	25,875.00	46.21	3.590	170.23	
DRUGS	2	3	30.00	10.00	.019	15.00	
ANESTHESIA	36	39	3,400.00	87.18	.250	94.44	
PERIODONTICS	50	51	5,374.00	105.37	.327	107.48	
ENDODONTICS	43	62	12,706.00	204.94	.397	295.49	
RESTORATIVE DENTISTRY	145	296	19,643.20	66.36	1.897	135.47	

PROSTHETICS	12	14	595.00	42.50	.090	49.58
DENTURES, STAYPLATES	140	377	58,267.50	154.56	2.417	416.20
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	57	91	50.00	.55	.583	.88

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR ALL AGED

156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	12	35	\$ 631.62	\$ 18.05	.224	\$ 52.64	\$
DIAGNOSTIC AND ANC. PROCED	5	6	142.35	23.73	.038	28.47	
EYE APPLIANCES	10	29	489.27	16.87	.186	48.93	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	2	\$ .73	\$ .37	.013	\$ .73	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	1	2	.73	.37	.013	.73	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	18	71	\$ 9,610.44	\$ 135.36	.455	\$ 533.91	\$
HOSP INPATIENT TOTAL	9	18	8,571.58	476.20	.115	952.40	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	2	18	36,970.53	2053.92	.115	18485.27	
ACCOMMODATIONS	2	18	10,022.40	556.80	.115	5011.20	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	2	18	10,022.40	556.80	.115	5011.20	
ANCILLARIES	2	0	26,948.13	.00	.000	13474.07	
INPATIENT CROSSOVERS	7	0	28,398.95CR	.00	.000	4056.99CR	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	11	53	1,038.86	19.60	.340	94.44	
MEDICAL	1	1	82.41	82.41	.006	82.41	
SURGERY	1	1	4.00	4.00	.006	4.00	
PATHOLOGY	1	8	76.28	9.54	.051	76.28	
RADIOLOGY	2	2	212.29	106.15	.013	106.15	
ROOM USE	2	2	72.68	36.34	.013	36.34	
CROSSOVERS/ALL OTH OUTPTNT	9	39	591.20	15.16	.250	65.69	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

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156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	18	71	\$ 9,610.44	\$ 135.36	.455	\$ 533.91	\$
COMM HOSP INPATIENT TOTAL	9	18	8,571.58	476.20	.115	952.40	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	2	18	36,970.53	2053.92	.115	18485.27	
ACCOMMODATIONS	2	18	10,022.40	556.80	.115	5011.20	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	2	18	10,022.40	556.80	.115	5011.20	
ANCILLARIES	2	0	26,948.13	.00	.000	13474.07	
INPATIENT CROSSOVERS	7	0	28,398.95CR	.00	.000	4056.99CR	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	11	53	1,038.86	19.60	.340	94.44	
MEDICAL	1	1	82.41	82.41	.006	82.41	
SURGERY	1	1	4.00	4.00	.006	4.00	
PATHOLOGY	1	8	76.28	9.54	.051	76.28	
RADIOLOGY	2	2	212.29	106.15	.013	106.15	
ROOM USE	2	2	72.68	36.34	.013	36.34	
CROSSOVERS/ALL OTH OUTPTNT	9	39	591.20	15.16	.250	65.69	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$

MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	46	1,479	\$	183,504.98	\$	124.07	9.481	\$ 3989.24 \$
LEV A-INTERMEDIATE	2	61		4,249.94		69.67	.391	2124.97
LEV B-REHAB MD	13	488		64,662.98		132.51	3.128	4974.08
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	31	930		114,592.06		123.22	5.962	3696.52
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00 \$
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	1	2	\$	931.68	\$	465.84	.013	\$ 931.68 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	1	2		931.68		465.84	.013	931.68
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	1	28CR	\$	334.90CR	\$	11.96	.179CR	\$ 334.90CR\$
PATHOLOGY	1	28CR		334.90CR		11.96	.179CR	334.90CR
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	1,679	9,577	\$	1,190,829.07	\$	124.34	61.391	\$ 709.25 \$
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	1,679	9,577		1,190,829.07		124.34	61.391	709.25

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156 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@ALL OTHER PROVIDERS	1,810	16,383	\$ 565,484.22	\$ 34.52	105.019	\$ 312.42	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	12	82	5,747.32	70.09	.526	478.94	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,057	10,113	539,798.84	53.38	64.827	510.69	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	714	1,641	18,331.51	11.17	10.519	25.67	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	1	4	174.31	43.58	.026	174.31	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	

NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	38	4,543	1,432.24	.32	29.122	37.69
@CALIF. CHILDREN SERVICES*	14	322	\$ 37,989.14	\$ 117.98	2.064	\$ 2713.51
@XOVER EXCLUDING STATE HOSP**	105	180	\$ 23,086.33	CR \$ 128.26	CR 1.154	\$ 219.87

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MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	375	39,784	\$ 521,786.33	\$ 13.12	3261.333	\$ 1391.43	\$17
@PHYSICIANS SERVICES	17	38	\$ 5,219.46	\$ 137.35	12.667	\$ 307.03	\$
OUTPATIENT VISITS	6	6	638.45	106.41	2.000	106.41	
OFFICE VISITS	3	3	328.05	109.35	1.000	109.35	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	2	2	246.47	123.24	.667	123.24	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	1	1	63.93	63.93	.333	63.93	
INPATIENT VISITS	3	7	639.34	91.33	2.333	213.11	
HOSPITAL VISITS	3	6	454.00	75.67	2.000	151.33	
CRITICAL CARE	1	1	185.34	185.34	.333	185.34	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	2	2	68.90	34.45	.667	34.45	
EXAMINATIONS	2	2	68.90	34.45	.667	34.45	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	1	17.03	17.03	.333	17.03	
PRINCIPAL SURGEON	1	1	17.03	17.03	.333	17.03	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	2	6	3,005.65	500.94	2.000	1502.83	
PRINCIPAL SURGEON	2	6	3,005.65	500.94	2.000	1502.83	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	6	10	175.10	17.51	3.333	29.18	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	3	6	674.99	112.50	2.000	225.00	
@PHARMACY	87	1,212	\$ 32,205.43	\$ 26.57	404.000	\$ 370.18	\$ 1
PRESCRIPTION DRUGS	81	147	30,103.96	204.79	49.000	371.65	1
SNF/ICF	13	16	2,766.33	172.90	5.333	212.79	
OUTPATIENTS	68	131	27,337.63	208.68	43.667	402.02	
MEDICAL SUPPLIES	14	1,065	2,101.47	1.97	355.000	150.11	
@DENTIST	58	231	\$ 8,616.45	\$ 37.30	77.000	\$ 148.56	\$
VISITS - DIAGNOSTIC	39	151	2,107.30	13.96	50.333	54.03	
ORAL SURGERY	4	22	1,703.00	77.41	7.333	425.75	

DRUGS	1	1	15.00	15.00	.333	15.00
ANESTHESIA	1	1	100.00	100.00	.333	100.00
PERIODONTICS	1	1	.00	.00	.333	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	14	33	886.15	26.85	11.000	63.30
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	10	18	3,805.00	211.39	6.000	380.50
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.333	.00
ALL OTHER SERVICES	2	3	.00	.00	1.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	1	3	\$ 42.85	\$ 14.28	1.000	\$ 42.85	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	1	3	42.85	14.28	1.000	42.85	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	1	1	\$ 2.88	\$ 2.88	.333	\$ 2.88	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	1	1	2.88	2.88	.333	2.88	
@HOME HEALTH AGENCY	1	5	\$ 329.57	\$ 65.91	1.667	\$ 329.57	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	7	34	\$ 27,788.26	\$ 817.30	11.333	\$ 3969.75	\$
HOSP INPATIENT TOTAL	1	4	27,216.32	6804.08	1.333	27216.32	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	1	4	27,216.32	6804.08	1.333	27216.32	
ACCOMMODATIONS	1	4	3,066.88	766.72	1.333	3066.88	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	4	3,066.88	766.72	1.333	3066.88	
ANCILLARIES	1	0	24,149.44	.00	.000	24149.44	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	6	30	571.94	19.06	10.000	95.32	
MEDICAL	2	2	119.48	59.74	.667	59.74	
SURGERY	1	1	18.94	18.94	.333	18.94	
PATHOLOGY	4	15	189.58	12.64	5.000	47.40	
RADIOLOGY	2	2	38.38	19.19	.667	19.19	
ROOM USE	4	6	145.78	24.30	2.000	36.45	
CROSSOVERS/ALL OTH OUTPTNT	2	4	59.78	14.95	1.333	29.89	
@COUNTY HOSPITAL TOTAL	2	5	\$ 62.35	\$ 12.47	1.667	\$ 31.18	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	

HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	2	5	62.35	12.47	1.667	31.18
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	1	3	62.35	20.78	1.000	62.35
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	1	2	.00	.00	.667	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR ALL BLIND

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	5	29	\$ 27,725.91	\$ 956.07	9.667	\$ 5545.18	\$
COMM HOSP INPATIENT TOTAL	1	4	27,216.32	6804.08	1.333	27216.32	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	1	4	27,216.32	6804.08	1.333	27216.32	
ACCOMMODATIONS	1	4	3,066.88	766.72	1.333	3066.88	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	4	3,066.88	766.72	1.333	3066.88	
ANCILLARIES	1	0	24,149.44	.00	.000	24149.44	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	4	25	509.59	20.38	8.333	127.40	
MEDICAL	2	2	119.48	59.74	.667	59.74	
SURGERY	1	1	18.94	18.94	.333	18.94	
PATHOLOGY	3	12	127.23	10.60	4.000	42.41	
RADIOLOGY	2	2	38.38	19.19	.667	19.19	
ROOM USE	3	4	145.78	36.45	1.333	48.59	
CROSSOVERS/ALL OTH OUTPTNT	2	4	59.78	14.95	1.333	29.89	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$



HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	16	163	\$	3,018.64	\$	18.52	54.333	\$ 188.67	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	16	163		3,018.64		18.52	54.333	188.67	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	109	546	\$	67,072.73	\$	122.84	182.000	\$ 615.35	\$ 2
CLINIC	2	6		670.72		111.79	2.000	335.36	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	107	540		66,402.01		122.97	180.000	620.58	2
#CALIF DEPT OF HEALTH SERV									PA
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03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	161	37,551	\$ 377,490.06	\$ 10.05	2517.000	\$ 2344.66	\$12
DURABLE MED. EQUIP.	5	6	6,523.37	1087.23	2.000	1304.67	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	7	53	915.37	17.27	17.667	130.77	
AMBULANCES/AIR TRANS	7	52	905.49	17.41	17.333	129.36	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	9.88	9.88	.333	9.88	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.333	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	86	5,439	220,555.85	40.55	1813.000	2564.60	7
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	18	42	403.66	9.61	14.000	22.43	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	8	1,464.50	183.06	2.667	1464.50	

PROSTHETICS	1	8		1,464.50		183.06	2.667	1464.50	
ORTHOTICS	0	0		.00		.00	.000	.00	
PSYCHOLOGIST	0	0		.00		.00	.000	.00	
SPEECH AND AUDIOLOGY	2	4		222.58		55.65	1.333	111.29	
HOSPICE SERVICES	0	0		.00		.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	
LOCAL EDUCATION AGENCIES	16	8,816		16,996.44		1.93	2938.667	1062.28	
EPSDT SUPPLEMENTAL SERVICE	12	4,344		118,331.53		27.24	1448.000	9860.96	3
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	
ALL OTHER PROVIDERS	30	18,838		11,971.76		.64	6279.333	399.06	
@CALIF. CHILDREN SERVICES*	73	24,360	\$	185,088.69	\$	7.60	8120.000	\$ 2535.46	\$ 6
@XOVER EXCLUDING STATE HOSP**	4	11	\$	43.26	\$	3.93	3.667	\$ 10.82	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR ALL DISABLED

1,242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS      COST PER	C
					PER ELIG      USER	E
@TOTAL, ALL PROVIDERS	31,616	417,583	\$ 21,689,399.47	\$ 51.94	336.218      \$ 686.03	\$ 1
@PHYSICIANS SERVICES	1,084	4,308	\$ 243,168.14	\$ 56.45	3.469      \$ 224.32	\$
OUTPATIENT VISITS	552	709	36,582.56	51.60	.571      66.27	
OFFICE VISITS	221	268	14,234.27	53.11	.216      64.41	
HOME VISITS	0	0	.00	.00	.000      .00	
EMERGENCY ROOM	67	71	5,805.75	81.77	.057      86.65	
PREVENTIVE CARE	1	1	61.26	61.26	.001      61.26	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000      .00	
OTHER OUTPATIENT	298	369	16,481.28	44.66	.297      55.31	
INPATIENT VISITS	114	652	55,712.59	85.45	.525      488.71	
HOSPITAL VISITS	93	462	30,562.17	66.15	.372      328.63	
CRITICAL CARE	23	175	24,600.92	140.58	.141      1069.61	
SNF/ICF/TRANS IP CARE	13	15	549.50	36.63	.012      42.27	
OPHTHALMOLOGICAL SERVICES	25	35	1,476.30	42.18	.028      59.05	
EXAMINATIONS	25	35	1,476.30	42.18	.028      59.05	
SERVICES AND MATERIALS	0	0	.00	.00	.000      .00	
INPATIENT HOSPITAL SURGERY	67	441	34,731.69	78.76	.355      518.38	
PRINCIPAL SURGEON	43	63	23,605.45	374.69	.051      548.96	
ASSISTANT SURGEON	3	4	453.91	113.48	.003      151.30	
ANESTHESIOLOGIST	31	374	10,672.33	28.54	.301      344.27	
OUTPATIENT SURGERY	104	471	28,252.72	59.98	.379      271.66	
PRINCIPAL SURGEON	60	91	13,882.16	152.55	.073      231.37	
ASSISTANT SURGEON	0	0	.00	.00	.000      .00	
ANESTHESIOLOGIST	51	380	14,370.56	37.82	.306      281.78	
DIALYSIS	0	0	.00	.00	.000      .00	
PATHOLOGY	43	248	8,249.97	33.27	.200      191.86	
RADIOLOGY	200	399	15,558.32	38.99	.321      77.79	
PSYCHIATRY	35	41	1,696.10	41.37	.033      48.46	
IMMUNIZATION AND INJECTION	9	58	3,743.68	64.55	.047      415.96	
OTHER SERVICES/ALL X-OVERS	463	1,254	57,164.21	45.59	1.010      123.46	
@PHARMACY	15,875	109,834	\$ 9,541,172.85	\$ 86.87	88.433      \$ 601.02	\$
PRESCRIPTION DRUGS	15,647	38,786	9,323,545.30	240.38	31.229      595.87	
SNF/ICF	3,237	9,716	2,162,926.07	222.61	7.823      668.19	

OUTPATIENTS	12,653	29,070		7,160,619.23	246.32	23.406	565.92	
MEDICAL SUPPLIES	562	71,048		217,627.55	3.06	57.205	387.24	
@DENTIST	3,018	12,504	\$	432,808.07	\$ 34.61	10.068	143.41	\$
VISITS - DIAGNOSTIC	2,187	7,840		96,204.01	12.27	6.312	43.99	
ORAL SURGERY	462	1,372		78,190.65	56.99	1.105	169.24	
DRUGS	25	28		400.00	14.29	.023	16.00	
ANESTHESIA	106	119		9,510.00	79.92	.096	89.72	
PERIODONTICS	169	176		19,911.15	113.13	.142	117.82	
ENDODONTICS	196	288		57,283.41	198.90	.232	292.26	
RESTORATIVE DENTISTRY	701	1,715		96,279.50	56.14	1.381	137.35	
PROSTHETICS	31	33		989.50	29.98	.027	31.92	
DENTURES, STAYPLATES	213	675		68,639.85	101.69	.543	322.25	
SPACE MAINTAINERS	2	4		480.00	120.00	.003	240.00	
MAXILLOFACIAL SERVICES	7	8		3,850.00	481.25	.006	550.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	9	21		995.00	47.38	.017	110.56	
ALL OTHER SERVICES	132	225		75.00	.33	.181	.57	

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1,242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C F
@OPTOMETRIST	63	163	\$ 3,191.31	\$ 19.58	.131	\$ 50.66	\$
DIAGNOSTIC AND ANC. PROCED	29	39	865.97	22.20	.031	29.86	
EYE APPLIANCES	46	117	2,082.19	17.80	.094	45.27	
OTHER OPTOMETRIC SERVICES	6	7	243.15	34.74	.006	40.53	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	53	99	\$ 2,194.11	\$ 22.16	.080	\$ 41.40	\$
MEDICINE/INJECTIONS	1	1	57.20	57.20	.001	57.20	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	52	98	2,136.91	21.81	.079	41.09	
@HOME HEALTH AGENCY	136	11,272	\$ 418,872.45	\$ 37.16	9.076	\$ 3079.94	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	1,151	6,345	\$ 1,490,437.40	\$ 234.90	5.109	\$ 1294.91	\$
HOSP INPATIENT TOTAL	244	611	1,269,104.44	2077.09	.492	5201.25	
HSC HOSPITALS	87	588	1,064,385.00	1810.18	.473	12234.31	
NON-HSC HOSPITAL TOTAL	8	23	50,072.71	2177.07	.019	6259.09	
ACCOMMODATIONS	8	23	12,998.62	565.16	.019	1624.83	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	8	23	12,998.62	565.16	.019	1624.83	
ANCILLARIES	8	0	37,074.09	.00	.000	4634.26	
INPATIENT CROSSOVERS	149	0	154,646.73	.00	.000	1037.90	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	957	5,734	221,332.96	38.60	4.617	231.28	
MEDICAL	232	701	63,827.66	91.05	.564	275.12	
SURGERY	62	78	5,453.16	69.91	.063	87.95	
PATHOLOGY	269	2,049	21,797.18	10.64	1.650	81.03	

RADIOLOGY	170	247	45,246.24	183.18	.199	266.15
ROOM USE	480	669	27,559.60	41.20	.539	57.42
CROSSOVERS/ALL OTH OUTPTNT	356	1,990	57,449.12	28.87	1.602	161.37
@COUNTY HOSPITAL TOTAL	59	277	\$ 194,575.21	\$ 702.44	.223	\$ 3297.88
CO HOSPITAL INPATIENT TOTAL	15	141	189,727.64	1345.59	.114	12648.51
HSC HOSPITALS	12	138	186,424.00	1350.90	.111	15535.33
NON-HSC HOSPITALS TOTAL	1	3	2,149.45	716.48	.002	2149.45
ACCOMMODATIONS	1	3	693.90	231.30	.002	693.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	1	3	693.90	231.30	.002	693.90
ANCILLARIES	1	0	1,455.55	.00	.000	1455.55
INPATIENT CROSSOVERS	2	0	1,154.19	.00	.000	577.10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	46	136	4,847.57	35.64	.110	105.38
MEDICAL	28	39	2,115.52	54.24	.031	75.55
SURGERY	2	3	267.18	89.06	.002	133.59
PATHOLOGY	9	37	405.53	10.96	.030	45.06
RADIOLOGY	5	9	734.35	81.59	.007	146.87
ROOM USE	10	14	361.82	25.84	.011	36.18
CROSSOVERS/ALL OTH OUTPTNT	18	34	963.17	28.33	.027	53.51

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@COMMUNITY HOSPITAL TOTAL	1,099	6,068	\$ 1,295,862.19	\$ 213.56	4.886	\$ 1179.13	\$
COMM HOSP INPATIENT TOTAL	230	470	1,079,376.80	2296.55	.378	4692.94	
HSC HOSPITALS	76	450	877,961.00	1951.02	.362	11552.12	
NON-HSC HOSPITALS TOTAL	7	20	47,923.26	2396.16	.016	6846.18	
ACCOMMODATIONS	7	20	12,304.72	615.24	.016	1757.82	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	7	20	12,304.72	615.24	.016	1757.82	
ANCILLARIES	7	0	35,618.54	.00	.000	5088.36	
INPATIENT CROSSOVERS	147	0	153,492.54	.00	.000	1044.17	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	915	5,598	216,485.39	38.67	4.507	236.60	
MEDICAL	206	662	61,712.14	93.22	.533	299.57	
SURGERY	60	75	5,185.98	69.15	.060	86.43	
PATHOLOGY	260	2,012	21,391.65	10.63	1.620	82.28	
RADIOLOGY	165	238	44,511.89	187.02	.192	269.77	
ROOM USE	470	655	27,197.78	41.52	.527	57.87	
CROSSOVERS/ALL OTH OUTPTNT	338	1,956	56,485.95	28.88	1.575	167.12	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	53	1,448	\$ 218,571.99	\$ 150.95	1.166	\$ 4124.00	\$
LEV A-INTERMEDIATE	1	30	2,686.20	89.54	.024	2686.20	
LEV B-REHAB MD	32	1,026	155,727.80	151.78	.826	4866.49	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	20	392	60,157.99	153.46	.316	3007.90	

@INTERMEDIATE CARE FACIL.-DD	10	290	\$	47,400.50	\$	163.45	.233	\$	4740.05	\$
ICF DDH	10	290		47,400.50		163.45	.233		4740.05	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	3	3	\$	1,100.80	\$	366.93	.002	\$	366.93	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	3	3		1,100.80		366.93	.002		366.93	
@REHABILITATION FACILITY	424	6,563	\$	85,520.78	\$	13.03	5.284	\$	201.70	\$
HOSPITAL BASED	67	254		6,927.35		27.27	.205		103.39	
INDEPENDENT FACILITY	358	6,309		78,593.43		12.46	5.080		219.53	
@LABORATORY FACILITY	52	219	\$	2,373.73	\$	10.84	.176	\$	45.65	\$
PATHOLOGY	49	213		2,303.85		10.82	.171		47.02	
XO AND OTHERS	3	6		69.88		11.65	.005		23.29	
@ORGANIZED OUTPATIENT CLINIC	12,694	34,369	\$	7,700,853.84	\$	224.06	27.672	\$	606.65	\$
CLINIC	16	36		819.87		22.77	.029		51.24	
SURGICENTER	3	11		990.58		90.05	.009		330.19	
HEROIN DETOX CLINIC	1	11		139.36		12.67	.009		139.36	
RURAL HEALTH CLINIC	12,675	34,311		7,698,904.03		224.39	27.626		607.41	
#CALIF DEPT OF HEALTH SERV										PA
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL DISABLED

	1,242 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	3,749	230,166	\$	1,501,733.50	\$	6.52	185.319	\$
DURABLE MED. EQUIP.	188	909		171,702.69		188.89	.732	
BLOOD BANK	0	0		.00		.00	.000	
HEARING AID DISPENSERS	7	16		2,692.99		168.31	.013	
MEDICAL TRANSPORTATION	54	1,401		18,906.47		13.49	1.128	
AMBULANCES/AIR TRANS	54	1,387		14,447.79		10.42	1.117	
OTHER TRANS	0	0		.00		.00	.000	
OTHER SERVICES	14	14		4,458.68		318.48	.011	
ACUPUNCTURE	9	25		410.75		16.43	.020	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	
GENETIC DISEASE TESTING	5	5		525.00		105.00	.004	
IHMC,MODEL-NF,NF,AIDS,MSSP	728	19,205		734,658.44		38.25	15.463	
OCCUPATIONAL THERAPIST	7	86		1,025.21		11.92	.069	
OPTICIAN	1,435	3,469		35,090.50		10.12	2.793	
PHYSICAL THERAPIST	1	9		147.04		16.34	.007	
PORTABLE X-RAY	2	4		61.28		15.32	.003	
PROSTHETIST/ORTHOTISTS	27	118		21,934.10		185.88	.095	
PROSTHETICS	27	118		21,934.10		185.88	.095	
ORTHOTICS	0	0		.00		.00	.000	
PSYCHOLOGIST	0	0		.00		.00	.000	
SPEECH AND AUDIOLOGY	20	56		2,253.35		40.24	.045	
HOSPICE SERVICES	0	0		.00		.00	.000	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	
LOCAL EDUCATION AGENCIES	1,006	45,344		259,802.35		5.73	36.509	
EPSDT SUPPLEMENTAL SERVICE	25	5,842		152,401.10		26.09	4.704	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	
ALL OTHER PROVIDERS	389	153,677		100,122.23		.65	123.733	
@CALIF. CHILDREN SERVICES*	2,481	211,642	\$	3,279,905.05	\$	15.50	170.404	\$
@XOVER EXCLUDING STATE HOSP**	475	7,040	\$	189,212.38	\$	26.88	5.668	\$
@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;								

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR ALL FAMILIES

	43,521 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	C E
@TOTAL, ALL PROVIDERS	42,528	173,503	\$	15,509,636.94	\$ 89.39	3.987 \$ 364.69	\$
@PHYSICIANS SERVICES	4,882	15,199	\$	1,275,126.42	\$ 83.90	.349 \$ 261.19	\$
OUTPATIENT VISITS	2,696	3,845		242,797.95	63.15	.088 90.06	
OFFICE VISITS	664	765		44,383.62	58.02	.018 66.84	
HOME VISITS	2	6		182.40	30.40	.000 91.20	
EMERGENCY ROOM	1,023	1,142		72,137.81	63.17	.026 70.52	
PREVENTIVE CARE	2	2		92.22	46.11	.000 46.11	
OB VISITS/COMPRE PERI	795	1,521		109,281.44	71.85	.035 137.46	
OTHER OUTPATIENT	369	409		16,720.46	40.88	.009 45.31	
INPATIENT VISITS	666	2,359		223,901.04	94.91	.054 336.19	
HOSPITAL VISITS	606	1,381		70,513.53	51.06	.032 116.36	
CRITICAL CARE	127	978		153,387.51	156.84	.022 1207.78	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000 .00	
OPHTHALMOLOGICAL SERVICES	53	68		3,224.63	47.42	.002 60.84	
EXAMINATIONS	53	68		3,224.63	47.42	.002 60.84	
SERVICES AND MATERIALS	0	0		.00	.00	.000 .00	
INPATIENT HOSPITAL SURGERY	812	2,543		430,082.76	169.12	.058 529.66	
PRINCIPAL SURGEON	543	610		340,469.66	558.15	.014 627.02	
ASSISTANT SURGEON	113	113		21,850.45	193.37	.003 193.37	
ANESTHESIOLOGIST	289	1,820		67,762.65	37.23	.042 234.47	
OUTPATIENT SURGERY	351	996		76,737.20	77.05	.023 218.62	
PRINCIPAL SURGEON	278	418		57,532.50	137.64	.010 206.95	
ASSISTANT SURGEON	1	1		186.50	186.50	.000 186.50	
ANESTHESIOLOGIST	92	577		19,018.20	32.96	.013 206.72	
DIALYSIS	2	2		432.53	216.27	.000 216.27	
PATHOLOGY	395	840		11,588.97	13.80	.019 29.34	
RADIOLOGY	1,470	2,202		93,952.66	42.67	.051 63.91	
PSYCHIATRY	1	1		64.88	64.88	.000 64.88	

IMMUNIZATION AND INJECTION	43	58		1,463.17	25.23	.001	34.03	
OTHER SERVICES/ALL X-OVERS	909	2,285		190,880.63	83.54	.053	209.99	
@PHARMACY	3,741	12,763	\$	1,276,453.12	\$ 100.01	.293	\$ 341.21	\$
PRESCRIPTION DRUGS	3,547	6,825		569,828.17	83.49	.157	160.65	
SNF/ICF	6	9		2,886.69	320.74	.000	481.12	
OUTPATIENTS	3,541	6,816		566,941.48	83.18	.157	160.11	
MEDICAL SUPPLIES	406	5,938		706,624.95	119.00	.136	1740.46	
@DENTIST	10,442	52,376	\$	1,485,883.79	\$ 28.37	1.203	\$ 142.30	\$
VISITS - DIAGNOSTIC	8,393	35,896		487,901.19	13.59	.825	58.13	
ORAL SURGERY	1,146	2,531		164,366.54	64.94	.058	143.43	
DRUGS	567	613		13,917.50	22.70	.014	24.55	
ANESTHESIA	250	257		23,047.96	89.68	.006	92.19	
PERIODONTICS	250	253		27,233.10	107.64	.006	108.93	
ENDODONTICS	784	1,765		203,844.30	115.49	.041	260.01	
RESTORATIVE DENTISTRY	3,038	9,714		493,366.47	50.79	.223	162.40	
PROSTHETICS	45	52		1,340.00	25.77	.001	29.78	
DENTURES, STAYPLATES	65	214		22,226.50	103.86	.005	341.95	
SPACE MAINTAINERS	87	99		12,724.00	128.53	.002	146.25	
MAXILLOFACIAL SERVICES	12	14		1,085.25	77.52	.000	90.44	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	317	422		33,480.98	79.34	.010	105.62	
ALL OTHER SERVICES	318	546		1,350.00	2.47	.013	4.25	
#CALIF DEPT OF HEALTH SERV								PA
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR ALL FAMILIES

	43,521 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@OPTOMETRIST	33	76	\$	1,404.70	\$ 18.48	.002	\$ 42.57	\$
DIAGNOSTIC AND ANC. PROCED	23	24		608.60	25.36	.001	26.46	
EYE APPLIANCES	18	47		668.97	14.23	.001	37.17	
OTHER OPTOMETRIC SERVICES	4	5		127.13	25.43	.000	31.78	
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	.00	.000	.00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	102	422	\$	18,011.68	\$ 42.68	.010	\$ 176.59	\$
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	\$
NURSE MIDWIFE	1	32	\$	1,174.60	\$ 36.71	.001	\$ 1174.60	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	3,899	18,487	\$	6,358,036.81	\$ 343.92	.425	\$ 1630.68	\$
HOSP INPATIENT TOTAL	710	2,960		5,926,058.24	2002.05	.068	8346.56	
HSC HOSPITALS	309	1,204		2,489,878.41	2068.01	.028	8057.86	
NON-HSC HOSPITAL TOTAL	406	1,756		3,434,355.83	1955.78	.040	8459.00	
ACCOMMODATIONS	406	1,756		940,975.90	535.86	.040	2317.67	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	406	1,756		940,975.90	535.86	.040	2317.67	
ANCILLARIES	406	0		2,493,379.93	.00	.000	6141.33	
INPATIENT CROSSOVERS	2	0		1,824.00	.00	.000	912.00	

ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	3,536	15,527	431,978.57	27.82	.357	122.17
MEDICAL	409	598	37,168.39	62.15	.014	90.88
SURGERY	286	339	16,683.43	49.21	.008	58.33
PATHOLOGY	1,340	5,341	58,236.43	10.90	.123	43.46
RADIOLOGY	751	989	97,296.44	98.38	.023	129.56
ROOM USE	1,830	2,397	94,983.31	39.63	.055	51.90
CROSSOVERS/ALL OTH OUTPTNT	1,810	5,863	127,610.57	21.77	.135	70.50
@COUNTY HOSPITAL TOTAL	77	253	102,527.52	\$ 405.25	.006	\$ 1331.53
CO HOSPITAL INPATIENT TOTAL	23	72	93,518.46	1298.87	.002	4066.02
HSC HOSPITALS	22	71	93,147.12	1311.93	.002	4233.96
NON-HSC HOSPITALS TOTAL	1	1	371.34	371.34	.000	371.34
ACCOMMODATIONS	1	1	231.30	231.30	.000	231.30
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	1	1	231.30	231.30	.000	231.30
ANCILLARIES	1	0	140.04	.00	.000	140.04
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	58	181	9,009.06	49.77	.004	155.33
MEDICAL	24	30	2,045.50	68.18	.001	85.23
SURGERY	3	3	273.16	91.05	.000	91.05
PATHOLOGY	8	14	151.01	10.79	.000	18.88
RADIOLOGY	15	35	2,349.70	67.13	.001	156.65
ROOM USE	38	52	2,202.04	42.35	.001	57.95
CROSSOVERS/ALL OTH OUTPTNT	18	47	1,987.65	42.29	.001	110.43

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR ALL FAMILIES

43,521 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER PER ELIG      USER	C E
@COMMUNITY HOSPITAL TOTAL	3,823	18,234	\$ 6,255,509.29	\$ 343.07	.419	\$ 1636.28
COMM HOSP INPATIENT TOTAL	687	2,888	5,832,539.78	2019.58	.066	8489.87
HSC HOSPITALS	287	1,133	2,396,731.29	2115.39	.026	8350.98
NON-HSC HOSPITALS TOTAL	405	1,755	3,433,984.49	1956.69	.040	8478.97
ACCOMMODATIONS	405	1,755	940,744.60	536.04	.040	2322.83
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	405	1,755	940,744.60	536.04	.040	2322.83
ANCILLARIES	405	0	2,493,239.89	.00	.000	6156.15
INPATIENT CROSSOVERS	2	0	1,824.00	.00	.000	912.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	3,478	15,346	422,969.51	27.56	.353	121.61
MEDICAL	385	568	35,122.89	61.84	.013	91.23
SURGERY	283	336	16,410.27	48.84	.008	57.99
PATHOLOGY	1,332	5,327	58,085.42	10.90	.122	43.61
RADIOLOGY	736	954	94,946.74	99.52	.022	129.00
ROOM USE	1,792	2,345	92,781.27	39.57	.054	51.78
CROSSOVERS/ALL OTH OUTPTNT	1,792	5,816	125,622.92	21.60	.134	70.10
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	1	8	\$ 1,894.56	\$ 236.82	.000	\$ 1894.56
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00



LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	1	8	1,894.56	236.82	.000	1894.56
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	2	111	\$ 3,386.74	\$ 30.51	.003	\$ 1693.37
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	2	111	3,386.74	30.51	.003	1693.37
@REHABILITATION FACILITY	198	2,060	\$ 33,058.60	\$ 16.05	.047	\$ 166.96
HOSPITAL BASED	85	336	10,126.44	30.14	.008	119.13
INDEPENDENT FACILITY	113	1,724	22,932.16	13.30	.040	202.94
@LABORATORY FACILITY	1,317	3,958	\$ 49,386.57	\$ 12.48	.091	\$ 37.50
PATHOLOGY	1,317	3,958	49,386.57	12.48	.091	37.50
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	18,503	31,707	\$ 4,613,464.11	\$ 145.50	.729	\$ 249.34
CLINIC	439	2,172	57,603.99	26.52	.050	131.22
SURGICENTER	2	2	118.88	59.44	.000	59.44
HEROIN DETOX CLINIC	2	26	315.88	12.15	.001	157.94
RURAL HEALTH CLINIC	18,068	29,507	4,555,425.36	154.38	.678	252.13

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
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 SUMMARY OF SERVICES FOR ALL FAMILIES

	43,521 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	5,747	36,304	\$	392,355.24	\$ 10.81	.834	\$ 68.27	\$
DURABLE MED. EQUIP.	27	135		9,910.18	73.41	.003	367.04	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	8	16		4,649.55	290.60	.000	581.19	
MEDICAL TRANSPORTATION	133	1,836		45,882.06	24.99	.042	344.98	
AMBULANCES/AIR TRANS	130	1,789		23,232.08	12.99	.041	178.71	
OTHER TRANS	1	8		43.10	5.39	.000	43.10	
OTHER SERVICES	39	39		22,606.88	579.66	.001	579.66	
ACUPUNCTURE	16	39		692.48	17.76	.001	43.28	
ADULT DAY HEALTH CARE CTR	5	53		3,687.74	69.58	.001	737.55	
GENETIC DISEASE TESTING	298	298		31,242.00	104.84	.007	104.84	
IHMC,MODEL-NF,NF,AIDS,MSSP	9	368		10,308.36	28.01	.008	1145.37	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	1,740	3,877		34,349.78	8.86	.089	19.74	
PHYSICAL THERAPIST	1	5		90.94	18.19	.000	90.94	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	14	78		12,264.25	157.23	.002	876.02	
PROSTHETICS	14	78		12,264.25	157.23	.002	876.02	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	49	172		6,843.77	39.79	.004	139.67	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	3,457	22,143		223,367.16	10.09	.509	64.61	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	

PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	20	7,284	9,066.97	1.24	.167	453.35
@CALIF. CHILDREN SERVICES*	2,810	29,486	\$ 3,823,212.43	\$ 129.66	.678	\$ 1360.57
@XOVER EXCLUDING STATE HOSP**	4	2	\$ 1,841.13	\$ 920.57	.000	\$ 460.28

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	7,169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	5,156	36,834	\$ 1,973,267.56	\$ 53.57	5.138	\$ 382.71	\$	
@PHYSICIANS SERVICES	917	2,548	\$ 150,038.53	\$ 58.88	.355	\$ 163.62	\$	
OUTPATIENT VISITS	640	775	32,484.90	41.92	.108	50.76		
OFFICE VISITS	429	514	18,818.37	36.61	.072	43.87		
HOME VISITS	0	0	.00	.00	.000	.00		
EMERGENCY ROOM	191	205	10,917.68	53.26	.029	57.16		
PREVENTIVE CARE	2	2	69.38	34.69	.000	34.69		
OB VISITS/COMPRE PERI	4	15	820.11	54.67	.002	205.03		
OTHER OUTPATIENT	32	39	1,859.36	47.68	.005	58.11		
INPATIENT VISITS	99	560	57,753.35	103.13	.078	583.37		
HOSPITAL VISITS	83	316	17,511.51	55.42	.044	210.98		
CRITICAL CARE	26	241	40,159.34	166.64	.034	1544.59		
SNF/ICF/TRANS IP CARE	3	3	82.50	27.50	.000	27.50		
OPHTHALMOLOGICAL SERVICES	8	9	390.36	43.37	.001	48.80		
EXAMINATIONS	8	9	390.36	43.37	.001	48.80		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		
INPATIENT HOSPITAL SURGERY	30	235	15,497.16	65.95	.033	516.57		
PRINCIPAL SURGEON	23	65	10,276.60	158.10	.009	446.81		
ASSISTANT SURGEON	1	1	194.52	194.52	.000	194.52		
ANESTHESIOLOGIST	14	169	5,026.04	29.74	.024	359.00		
OUTPATIENT SURGERY	32	87	5,283.14	60.73	.012	165.10		
PRINCIPAL SURGEON	26	34	3,627.93	106.70	.005	139.54		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		
ANESTHESIOLOGIST	7	53	1,655.21	31.23	.007	236.46		
DIALYSIS	0	0	.00	.00	.000	.00		
PATHOLOGY	30	66	1,701.86	25.79	.009	56.73		
RADIOLOGY	188	376	8,489.29	22.58	.052	45.16		
PSYCHIATRY	1	1	23.22	23.22	.000	23.22		
IMMUNIZATION AND INJECTION	10	16	271.10	16.94	.002	27.11		
OTHER SERVICES/ALL X-OVERS	151	423	28,144.15	66.53	.059	186.39		
@PHARMACY	1,115	8,022	\$ 209,290.34	\$ 26.09	1.119	\$ 187.70	\$	
PRESCRIPTION DRUGS	1,089	2,147	194,213.21	90.46	.299	178.34		
SNF/ICF	43	100	16,779.84	167.80	.014	390.23		
OUTPATIENTS	1,046	2,047	177,433.37	86.68	.286	169.63		
MEDICAL SUPPLIES	73	5,875	15,077.13	2.57	.820	206.54		
@DENTIST	541	2,938	\$ 87,599.00	\$ 29.82	.410	\$ 161.92	\$	
VISITS - DIAGNOSTIC	445	1,939	30,432.05	15.69	.270	68.39		
ORAL SURGERY	76	220	19,295.75	87.71	.031	253.89		
DRUGS	29	39	801.25	20.54	.005	27.63		
ANESTHESIA	28	32	2,575.00	80.47	.004	91.96		
PERIODONTICS	2	2	167.00	83.50	.000	83.50		
ENDODONTICS	26	50	4,761.00	95.22	.007	183.12		

RESTORATIVE DENTISTRY	168	582	25,933.95	44.56	.081	154.37
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.001	288.00
SPACE MAINTAINERS	4	5	600.00	120.00	.001	150.00
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00
ORTHODONTIC SERVICES	16	23	1,920.00	83.48	.003	120.00
ALL OTHER SERVICES	19	37	75.00	2.03	.005	3.95

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

7,169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	62	179	\$ 3,595.93	\$ 20.09	.025	\$ 58.00	\$
DIAGNOSTIC AND ANC. PROCED	45	52	1,720.65	33.09	.007	38.24	
EYE APPLIANCES	45	126	1,851.28	14.69	.018	41.14	
OTHER OPTOMETRIC SERVICES	1	1	24.00	24.00	.000	24.00	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	.00	.00	.000	.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	27	592	\$ 20,005.28	\$ 33.79	.083	\$ 740.94	\$
NURSE ANESTHESIST	1	70	\$ 73.94	\$ 1.06	.010	\$ 73.94	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	5	6	\$ 165.00	\$ 27.50	.001	\$ 33.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	572	2,330	\$ 862,937.23	\$ 370.36	.325	\$ 1508.63	\$
HOSP INPATIENT TOTAL	53	353	745,765.38	2112.65	.049	14071.04	
HSC HOSPITALS	35	281	570,616.00	2030.66	.039	16303.31	
NON-HSC HOSPITAL TOTAL	18	72	175,149.38	2432.63	.010	9730.52	
ACCOMMODATIONS	18	72	58,183.90	808.11	.010	3232.44	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	18	72	58,183.90	808.11	.010	3232.44
ANCILLARIES	18	0	116,965.48	.00	.000	6498.08
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	528	1,977	117,171.85	59.27	.276	221.92
MEDICAL	125	215	18,804.27	87.46	.030	150.43
SURGERY	34	33	978.19	29.64	.005	28.77
PATHOLOGY	173	744	6,706.23	9.01	.104	38.76
RADIOLOGY	142	171	10,578.49	61.86	.024	74.50
ROOM USE	263	305	11,708.85	38.39	.043	44.52
CROSSOVERS/ALL OTH OUTPTNT	155	509	68,395.82	134.37	.071	441.26
@COUNTY HOSPITAL TOTAL	15	32	\$ 2,773.38	\$ 86.67	.004	\$ 184.89
CO HOSPITAL INPATIENT TOTAL	1	1	1,352.00	1352.00	.000	1352.00
HSC HOSPITALS	1	1	1,352.00	1352.00	.000	1352.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	14	31	1,421.38	45.85	.004	101.53
MEDICAL	8	9	514.98	57.22	.001	64.37
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	4	7	54.37	7.77	.001	13.59
RADIOLOGY	2	4	471.43	117.86	.001	235.72
ROOM USE	7	8	281.14	35.14	.001	40.16
CROSSOVERS/ALL OTH OUTPTNT	2	3	99.46	33.15	.000	49.73

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	7,169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	557	2,298	\$	860,163.85	\$ 374.31	.321	\$ 1544.28	\$
COMM HOSP INPATIENT TOTAL	52	352		744,413.38	2114.81	.049	14315.64	
HSC HOSPITALS	34	280		569,264.00	2033.09	.039	16743.06	
NON-HSC HOSPITALS TOTAL	18	72		175,149.38	2432.63	.010	9730.52	
ACCOMMODATIONS	18	72		58,183.90	808.11	.010	3232.44	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	18	72		58,183.90	808.11	.010	3232.44	
ANCILLARIES	18	0		116,965.48	.00	.000	6498.08	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	514	1,946		115,750.47	59.48	.271	225.20	
MEDICAL	117	206		18,289.29	88.78	.029	156.32	
SURGERY	34	33		978.19	29.64	.005	28.77	
PATHOLOGY	169	737		6,651.86	9.03	.103	39.36	
RADIOLOGY	140	167		10,107.06	60.52	.023	72.19	
ROOM USE	256	297		11,427.71	38.48	.041	44.64	
CROSSOVERS/ALL OTH OUTPTNT	153	506		68,296.36	134.97	.071	446.38	

@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	11	304	\$	45,422.06	\$	149.41	.042	\$	4129.28	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	11	304		45,422.06		149.41	.042		4129.28	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	41	398	\$	5,656.25	\$	14.21	.056	\$	137.96	\$
HOSPITAL BASED	11	44		1,050.99		23.89	.006		95.54	
INDEPENDENT FACILITY	30	354		4,605.26		13.01	.049		153.51	
@LABORATORY FACILITY	267	518	\$	5,642.37	\$	10.89	.072	\$	21.13	\$
PATHOLOGY	267	518		5,642.37		10.89	.072		21.13	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	2,328	3,451	\$	531,512.47	\$	154.02	.481	\$	228.31	\$
CLINIC	152	215		7,216.25		33.56	.030		47.48	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	2,190	3,236		524,296.22		162.02	.451		239.40	
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 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

	7,169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@ALL OTHER PROVIDERS	381	15,478	\$	51,329.16	\$ 3.32	2.159	\$ 134.72	\$
DURABLE MED. EQUIP.	19	77		10,977.86	142.57	.011	577.78	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	34	812		20,497.66	25.24	.113	602.87	
AMBULANCES/AIR TRANS	28	756		9,885.05	13.08	.105	353.04	
OTHER TRANS	5	43		268.45	6.24	.006	53.69	
OTHER SERVICES	12	13		10,344.16	795.70	.002	862.01	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	33	33		3,465.00	105.00	.005	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	110	241		1,999.14	8.30	.034	18.17	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	2		66.28	33.14	.000	33.14	

HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	179	1,867	12,325.62	6.60	.260	68.86
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	13	12,446	1,997.60	.16	1.736	153.66
@CALIF. CHILDREN SERVICES*	389	9,711	\$ 946,903.38	\$ 97.51	1.355	\$ 2434.20
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      RENAL DIALYSIS

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15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE - COST PER USER	C E
@TOTAL, ALL PROVIDERS	5	453	\$ 16,637.75	\$ 36.73	30.200	\$ 3327.55	\$
@PHYSICIANS SERVICES	3	4	\$ 900.16	\$ 225.04	.267	\$ 300.05	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	3	4	900.16	225.04	.267	300.05	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	5	12	\$ 1,712.76	\$ 142.73	.800	\$ 342.55	\$
PRESCRIPTION DRUGS	5	12	1,712.76	142.73	.800	342.55	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	5	12	1,712.76	142.73	.800	342.55	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA MOP024      FEE-FOR-SERVICE/DENTAL SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR RENAL DIALYSIS      AID CODES 71							
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	1	3	\$ 71.94	\$ 23.98	.200	\$ 71.94	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	1	3	71.94	23.98	.200	71.94	
MEDICAL	1	1	29.84	29.84	.067	29.84	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	1	1	34.10	34.10	.067	34.10	
CROSSOVERS/ALL OTH OUTPTNT	1	1	8.00	8.00	.067	8.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      RENAL DIALYSIS      AID CODES 71

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	- C F
@COMMUNITY HOSPITAL TOTAL	1	3      \$	71.94	\$      23.98	.200      \$      71.94	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	1	3	71.94	23.98	.200	71.94
MEDICAL	1	1	29.84	29.84	.067	29.84



SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	1	1		34.10	34.10	.067	34.10
CROSSOVERS/ALL OTH OUTPTNT	1	1		8.00	8.00	.067	8.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	3	423	\$	13,774.01	\$ 32.56	28.200	\$ 4591.34 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	3	423		13,774.01	32.56	28.200	4591.34
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      RENAL DIALYSIS      AID CODES 71

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C
@ALL OTHER PROVIDERS	1	11	\$ 178.88	\$ 16.26	.733	\$ 178.88	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	11	178.88	16.26	.733	178.88	
AMBULANCES/AIR TRANS	1	10	169.00	16.90	.667	169.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	9.88	9.88	.067	9.88	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	

PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA

MOP024

FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY

SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION

AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C F
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	

SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      TOTAL PARENTERAL NUTRITION      AID CODES 73

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	

PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						AID CODES 73
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	\$ .00 \$
ICF DDH	0	0		.00		.000	.00
ICF DD	0	0		.00		.000	.00
ICF DDN/DDCN	0	0		.00		.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	\$ .00 \$
HOSPITAL BASED	0	0		.00		.000	.00
HEMODIALYSIS CENTER	0	0		.00		.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	\$ .00 \$
HOSPITAL BASED	0	0		.00		.000	.00
INDEPENDENT FACILITY	0	0		.00		.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	\$ .00 \$
PATHOLOGY	0	0		.00		.000	.00
XO AND OTHERS	0	0		.00		.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	\$ .00 \$
CLINIC	0	0		.00		.000	.00
SURGICENTER	0	0		.00		.000	.00
HEROIN DETOX CLINIC	0	0		.00		.000	.00
RURAL HEALTH CLINIC	0	0		.00		.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION						
	AID CODES 73						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	

IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR    IRCA ALIENS      AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	

PSYCHIATRY	0	0		.00		.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$ .00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00
SNF/ICF	0	0		.00		.00	.000	.00
OUTPATIENTS	0	0		.00		.00	.000	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$ .00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00
ORAL SURGERY	0	0		.00		.00	.000	.00
DRUGS	0	0		.00		.00	.000	.00
ANESTHESIA	0	0		.00		.00	.000	.00
PERIODONTICS	0	0		.00		.00	.000	.00
ENDODONTICS	0	0		.00		.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00
PROSTHETICS	0	0		.00		.00	.000	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS							
	AID CODES 51 52 56 57							

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE -					C E
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER			
@OPTOMETRIST	0	0	\$	.00	.000	\$ .00		\$	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000	.00			
EYE APPLIANCES	0	0		.00	.000	.00			
OTHER OPTOMETRIC SERVICES	0	0		.00	.000	.00			
@CHIROPRACTOR	0	0	\$	.00	.000	\$ .00		\$	
VISITS	0	0		.00	.000	.00			
OTHER SERVICES	0	0		.00	.000	.00			
@PODIATRIST	0	0	\$	.00	.000	\$ .00		\$	
MEDICINE/INJECTIONS	0	0		.00	.000	.00			
SURGERY/ANES.	0	0		.00	.000	.00			
RADIO./PATHOLOGY	0	0		.00	.000	.00			
OTHER	0	0		.00	.000	.00			
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$ .00		\$	
NURSE ANESTHESIST	0	0	\$	.00	.000	\$ .00		\$	
NURSE MIDWIFE	0	0	\$	.00	.000	\$ .00		\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.000	\$ .00		\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.000	\$ .00		\$	
@TOTAL HOSPITAL	0	0	\$	.00	.000	\$ .00		\$	
HOSP INPATIENT TOTAL	0	0		.00	.000	.00			
HSC HOSPITALS	0	0		.00	.000	.00			
NON-HSC HOSPITAL TOTAL	0	0		.00	.000	.00			
ACCOMMODATIONS	0	0		.00	.000	.00			
ADMINISTRATIVE DAYS	0	0		.00	.000	.00			
TRANSITIONAL IP CARE	0	0		.00	.000	.00			
ALL OTHER ACCOM	0	0		.00	.000	.00			
ANCILLARIES	0	0		.00	.000	.00			

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR IRCA ALIENS					
	AID CODES 51 52 56 57					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				C E
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		
HSC HOSPITALS	0	0	.00	.00	.000	.00		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		
ANCILLARIES	0	0	.00	.00	.000	.00		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		
MEDICAL	0	0	.00	.00	.000	.00		
SURGERY	0	0	.00	.00	.000	.00		
PATHOLOGY	0	0	.00	.00	.000	.00		
RADIOLOGY	0	0	.00	.00	.000	.00		
ROOM USE	0	0	.00	.00	.000	.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
MENTALLY ILL	0	0	.00	.00	.000	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$	



LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00 \$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	
#CALIF DEPT OF HEALTH SERV									PA
MOP024									
SANTA CRUZ COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IRCA ALIENS

AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	3,350 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	1,514	9,583	\$	1,876,345.87	\$ 195.80	2.861	\$ 1239.33	\$
@PHYSICIANS SERVICES	741	2,243	\$	159,289.44	\$ 71.02	.670	\$ 214.97	\$
OUTPATIENT VISITS	373	628		44,995.24	71.65	.187	120.63	
OFFICE VISITS	34	38		1,901.82	50.05	.011	55.94	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	168	199		14,192.33	71.32	.059	84.48	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	198	383		28,675.89	74.87	.114	144.83	
OTHER OUTPATIENT	5	8		225.20	28.15	.002	45.04	
INPATIENT VISITS	99	317		20,439.69	64.48	.095	206.46	
HOSPITAL VISITS	93	225		9,730.00	43.24	.067	104.62	
CRITICAL CARE	13	92		10,709.69	116.41	.027	823.82	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	113	309		61,760.29	199.87	.092	546.55	
PRINCIPAL SURGEON	88	90		51,678.60	574.21	.027	587.26	
ASSISTANT SURGEON	9	9		1,678.50	186.50	.003	186.50	
ANESTHESIOLOGIST	36	210		8,403.19	40.02	.063	233.42	
OUTPATIENT SURGERY	53	103		4,264.94	41.41	.031	80.47	
PRINCIPAL SURGEON	47	74		3,346.03	45.22	.022	71.19	

ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	7	29	918.91	31.69	.009	131.27
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	63	244	1,798.18	7.37	.073	28.54
RADIOLOGY	309	500	21,257.91	42.52	.149	68.80
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	5	5	527.80	105.56	.001	105.56
OTHER SERVICES/ALL X-OVERS	75	137	4,245.39	30.99	.041	56.61
@PHARMACY	430	987	\$ 30,088.99	\$ 30.49	.295	\$ 69.97
PRESCRIPTION DRUGS	414	898	23,518.78	26.19	.268	56.81
SNF/ICF	7	22	485.01	22.05	.007	69.29
OUTPATIENTS	407	876	23,033.77	26.29	.261	56.59
MEDICAL SUPPLIES	43	89	6,570.21	73.82	.027	152.80
@DENTIST	4	7	\$ 28.00	\$ 4.00	.002	\$ 7.00
VISITS - DIAGNOSTIC	3	6	28.00	4.67	.002	9.33
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	1	1	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F					

	3,350 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	16	24	\$	1,304.61	\$ 54.36	.007	\$ 81.54	\$
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	526	3,058	\$	1,457,254.77	\$ 476.54	.913	\$ 2770.45	\$
HOSP INPATIENT TOTAL	124	640		1,397,424.45	2183.48	.191	11269.55	
HSC HOSPITALS	36	206		319,514.36	1551.04	.061	8875.40	
NON-HSC HOSPITAL TOTAL	88	434		1,077,910.09	2483.66	.130	12248.98	

ACCOMMODATIONS	88	434	278,081.43	640.74	.130	3160.02	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	88	434	278,081.43	640.74	.130	3160.02	
ANCILLARIES	88	0	799,828.66	.00	.000	9088.96	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	464	2,418	59,830.32	24.74	.722	128.94	
MEDICAL	48	75	1,879.21	25.06	.022	39.15	
SURGERY	58	69	3,212.81	46.56	.021	55.39	
PATHOLOGY	234	838	9,897.88	11.81	.250	42.30	
RADIOLOGY	145	188	12,992.28	69.11	.056	89.60	
ROOM USE	244	367	14,646.57	39.91	.110	60.03	
CROSSOVERS/ALL OTH OUTPTNT	257	881	17,201.57	19.53	.263	66.93	
@COUNTY HOSPITAL TOTAL	4	18	\$ 819.02	\$ 45.50	.005	\$ 204.76	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	4	18	819.02	45.50	.005	204.76	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	3	4	18.98	4.75	.001	6.33	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	2	7	238.70	34.10	.002	119.35	
CROSSOVERS/ALL OTH OUTPTNT	2	7	561.34	80.19	.002	280.67	

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MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	3,350 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	523	3,040	\$	1,456,435.75	\$ 479.09	.907	\$ 2784.77	\$
COMM HOSP INPATIENT TOTAL	124	640		1,397,424.45	2183.48	.191	11269.55	
HSC HOSPITALS	36	206		319,514.36	1551.04	.061	8875.40	
NON-HSC HOSPITALS TOTAL	88	434		1,077,910.09	2483.66	.130	12248.98	
ACCOMMODATIONS	88	434		278,081.43	640.74	.130	3160.02	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	88	434		278,081.43	640.74	.130	3160.02	
ANCILLARIES	88	0		799,828.66	.00	.000	9088.96	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	461	2,400		59,011.30	24.59	.716	128.01	
MEDICAL	48	75		1,879.21	25.06	.022	39.15	
SURGERY	58	69		3,212.81	46.56	.021	55.39	
PATHOLOGY	231	834		9,878.90	11.85	.249	42.77	
RADIOLOGY	145	188		12,992.28	69.11	.056	89.60	
ROOM USE	242	360		14,407.87	40.02	.107	59.54	

CROSSOVERS/ALL OTH OUTPTNT	255	874		16,640.23	19.04	.261	65.26	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	5	112	\$	15,227.36	135.96	.033	3045.47	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	5	112		15,227.36	135.96	.033	3045.47	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	4	7	\$	1,914.03	273.43	.002	478.51	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	4	7		1,914.03	273.43	.002	478.51	
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	
@LABORATORY FACILITY	324	955	\$	10,970.02	11.49	.285	33.86	\$
PATHOLOGY	324	955		10,970.02	11.49	.285	33.86	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	388	1,938	\$	185,664.71	95.80	.579	478.52	\$
CLINIC	108	600		14,082.20	23.47	.179	130.39	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	283	1,338		171,582.51	128.24	.399	606.30	

#CALIF DEPT OF HEALTH SERV MOP024  
 SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

	3,350 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@ALL OTHER PROVIDERS	77	252	\$	14,603.94	\$ 57.95	.075	\$ 189.66	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	26	198		2,285.05	11.54	.059	87.89	
AMBULANCES/AIR TRANS	26	196		2,265.29	11.56	.059	87.13	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	2	2		19.76	9.88	.001	9.88	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	49	49		5,145.00	105.00	.015	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	0	0		.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	4		7,063.13	1765.78	.001	7063.13	
PROSTHETICS	1	4		7,063.13	1765.78	.001	7063.13	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	

SPEECH AND AUDIOLOGY	1	1		110.76	110.76	.000	110.76
HOSPICE SERVICES	0	0		.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	32	126	\$	31,568.57	\$ 250.54	.038	\$ 986.52 \$
@XOVER EXCLUDING STATE HOSP**	7	19	\$	2,152.31	\$ 113.28	.006	\$ 307.47 \$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR REFUGEES      AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR REFUGEES      AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C F
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	0	0		.00		.00	.000		.00		
ROOM USE	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	0	0		.00		.00	.000		.00		
ROOM USE	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR REFUGEES										
	AID CODES 01 02 08 0A										

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	



MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00 \$
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$ .00 \$
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00
#CALIF DEPT OF HEALTH SERV								PA
MOP024								
SANTA CRUZ COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR REFUGEES

AID CODES 01 02 08 0A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES 0M 0N 0P

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	98	1,845	\$ 98,391.58	\$ 53.33	153.750	\$ 1004.00	\$
@PHYSICIANS SERVICES	10	42	\$ 2,830.23	\$ 67.39	3.500	\$ 283.02	\$
OUTPATIENT VISITS	5	13	379.84	29.22	1.083	75.97	
OFFICE VISITS	2	2	114.40	57.20	.167	57.20	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	3	11	265.44	24.13	.917	88.48	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2	2	1,491.06	745.53	.167	745.53	
PRINCIPAL SURGEON	2	2	1,491.06	745.53	.167	745.53	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	17	301.50	17.74	1.417	301.50	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	17	301.50	17.74	1.417	301.50	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	1	1	29.61	29.61	.083	29.61	
RADIOLOGY	3	7	525.41	75.06	.583	175.14	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	2	102.81	51.41	.167	51.41	
@PHARMACY	4	8	\$ 405.77	\$ 50.72	.667	\$ 101.44	\$

PRESCRIPTION DRUGS	4	8		405.77	50.72	.667	101.44	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	4	8		405.77	50.72	.667	101.44	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	
@DENTIST	17	71	\$	3,670.25	\$ 51.69	5.917	\$ 215.90	\$
VISITS - DIAGNOSTIC	14	48		784.25	16.34	4.000	56.02	
ORAL SURGERY	4	13		2,005.00	154.23	1.083	501.25	
DRUGS	1	1		15.00	15.00	.083	15.00	
ANESTHESIA	4	4		300.00	75.00	.333	75.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	1	1		330.00	330.00	.083	330.00	
RESTORATIVE DENTISTRY	2	2		96.00	48.00	.167	48.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	1	1		140.00	140.00	.083	140.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	1	1		.00	.00	.083	.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR BCCTP-FEDERAL      AID CODES 0M 0N 0P

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	10	1,574	\$ 63,789.97	\$ 40.53	131.167	\$ 6379.00	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	10	1,574	63,789.97	40.53	131.167	6379.00	
MEDICAL	6	30	1,047.59	34.92	2.500	174.60	

SURGERY	3	3	258.19	86.06	.250	86.06	
PATHOLOGY	5	25	325.89	13.04	2.083	65.18	
RADIOLOGY	3	4	931.14	232.79	.333	310.38	
ROOM USE	7	15	664.34	44.29	1.250	94.91	
CROSSOVERS/ALL OTH OUTPTNT	8	1,497	60,562.82	40.46	124.750	7570.35	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL						
	AID CODES 0M 0N 0P						

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@COMMUNITY HOSPITAL TOTAL	10	1,574	\$ 63,789.97	\$ 40.53	131.167	\$ 6379.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	10	1,574	63,789.97	40.53	131.167	6379.00	
MEDICAL	6	30	1,047.59	34.92	2.500	174.60	
SURGERY	3	3	258.19	86.06	.250	86.06	
PATHOLOGY	5	25	325.89	13.04	2.083	65.18	
RADIOLOGY	3	4	931.14	232.79	.333	310.38	
ROOM USE	7	15	664.34	44.29	1.250	94.91	
CROSSOVERS/ALL OTH OUTPTNT	8	1,497	60,562.82	40.46	124.750	7570.35	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	1	4	\$ 81.71	\$ 20.43	.333	\$ 81.71	
PATHOLOGY	1	4	81.71	20.43	.333	81.71	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	53	118	\$ 27,290.50	\$ 231.28	9.833	\$ 514.92	
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	53	118	27,290.50	231.28	9.833	514.92	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR BCCTP-FEDERAL						
AID CODES 0M 0N 0P							
----- MONTHLY AVERAGE -							
12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	14	28	\$ 323.15	\$ 11.54	2.333	\$ 23.08	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	

GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	14	28	323.15	11.54	2.333	23.08
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY      AID CODES 0R 0T 0U 0V

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@TOTAL, ALL PROVIDERS	21	77	\$ 22,613.28	\$ 293.68	3.208	\$ 1076.82	\$
@PHYSICIANS SERVICES	5	17	\$ 1,818.67	\$ 106.98	.708	\$ 363.73	\$
OUTPATIENT VISITS	2	2	168.56	84.28	.083	84.28	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	108.08	108.08	.042	108.08	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.042	60.48	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	2	6	243.89	40.65	.250	121.95	
HOSPITAL VISITS	2	6	243.89	40.65	.250	121.95	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2	2	1,182.73	591.37	.083	591.37	
PRINCIPAL SURGEON	1	1	1,088.56	1088.56	.042	1088.56	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	1	94.17	94.17	.042	94.17	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	

RADIOLOGY	3	6		211.19		35.20	.250	70.40		
PSYCHIATRY	0	0		.00		.00	.000	.00		
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		
OTHER SERVICES/ALL X-OVERS	1	1		12.30		12.30	.042	12.30		
@PHARMACY	16	32	\$	3,348.51	\$	104.64	1.333	209.28	\$	
PRESCRIPTION DRUGS	16	32		3,348.51		104.64	1.333	209.28		
SNF/ICF	0	0		.00		.00	.000	.00		
OUTPATIENTS	16	32		3,348.51		104.64	1.333	209.28		
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		
@DENTIST	0	0	\$	.00	\$	.00	.000	.00	\$	
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		
ORAL SURGERY	0	0		.00		.00	.000	.00		
DRUGS	0	0		.00		.00	.000	.00		
ANESTHESIA	0	0		.00		.00	.000	.00		
PERIODONTICS	0	0		.00		.00	.000	.00		
ENDODONTICS	0	0		.00		.00	.000	.00		
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		
PROSTHETICS	0	0		.00		.00	.000	.00		
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024				FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY				SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY						
				AID CODES 0R 0T 0U 0V						

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	9	23	\$ 16,914.47	\$ 735.41	.958	\$ 1879.39	\$
HOSP INPATIENT TOTAL	2	8	16,540.08	2067.51	.333	8270.04	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	2	8	16,540.08	2067.51	.333	8270.04	
ACCOMMODATIONS	2	8	4,198.56	524.82	.333	2099.28	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	2	8	4,198.56	524.82	.333	2099.28	

ANCILLARIES	2	0		12,341.52	.00	.000	6170.76	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	8	15		374.39	24.96	.625	46.80	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	5	11		121.94	11.09	.458	24.39	
RADIOLOGY	3	3		209.42	69.81	.125	69.81	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	1		43.03	43.03	.042	43.03	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							
MOP024	FEE-FOR-SERVICE/DENTAL							
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY							
				AID CODES 0R 0T 0U 0V				
				----- MONTHLY AVERAGE -				
24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	9	23	\$	16,914.47	\$ 735.41	.958	\$ 1879.39	\$
COMM HOSP INPATIENT TOTAL	2	8		16,540.08	2067.51	.333	8270.04	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	2	8		16,540.08	2067.51	.333	8270.04	
ACCOMMODATIONS	2	8		4,198.56	524.82	.333	2099.28	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	2	8		4,198.56	524.82	.333	2099.28	
ANCILLARIES	2	0		12,341.52	.00	.000	6170.76	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	8	15		374.39	24.96	.625	46.80	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	5	11		121.94	11.09	.458	24.39	
RADIOLOGY	3	3		209.42	69.81	.125	69.81	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	1	1		43.03	43.03	.042	43.03	
@STATE HOSPITAL	0	0	\$	.00	\$	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	



24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	- C F
@ALL OTHER PROVIDERS	0	0	\$ .00	.00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR BCCTP-TOTAL

	36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	C E
@TOTAL, ALL PROVIDERS	119	1,922	\$	121,004.86	\$ 62.96	53.389	\$ 1016.85	\$
@PHYSICIANS SERVICES	15	59	\$	4,648.90	\$ 78.79	1.639	\$ 309.93	\$
OUTPATIENT VISITS	7	15		548.40	36.56	.417	78.34	
OFFICE VISITS	2	2		114.40	57.20	.056	57.20	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	1	1		108.08	108.08	.028	108.08	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	1		60.48	60.48	.028	60.48	
OTHER OUTPATIENT	3	11		265.44	24.13	.306	88.48	
INPATIENT VISITS	2	6		243.89	40.65	.167	121.95	
HOSPITAL VISITS	2	6		243.89	40.65	.167	121.95	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	4	4		2,673.79	668.45	.111	668.45	
PRINCIPAL SURGEON	3	3		2,579.62	859.87	.083	859.87	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	1	1		94.17	94.17	.028	94.17	
OUTPATIENT SURGERY	1	17		301.50	17.74	.472	301.50	

PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	1	17		301.50	17.74	.472	301.50
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	1	1		29.61	29.61	.028	29.61
RADIOLOGY	6	13		736.60	56.66	.361	122.77
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	3	3		115.11	38.37	.083	38.37
@PHARMACY	20	40	\$	3,754.28	\$ 93.86	1.111	\$ 187.71
PRESCRIPTION DRUGS	20	40		3,754.28	93.86	1.111	187.71
SNF/ICF	0	0		.00	.00	.000	.00
OUTPATIENTS	20	40		3,754.28	93.86	1.111	187.71
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00
@DENTIST	17	71	\$	3,670.25	\$ 51.69	1.972	\$ 215.90
VISITS - DIAGNOSTIC	14	48		784.25	16.34	1.333	56.02
ORAL SURGERY	4	13		2,005.00	154.23	.361	501.25
DRUGS	1	1		15.00	15.00	.028	15.00
ANESTHESIA	4	4		300.00	75.00	.111	75.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	1	1		330.00	330.00	.028	330.00
RESTORATIVE DENTISTRY	2	2		96.00	48.00	.056	48.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	1	1		140.00	140.00	.028	140.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	1	1		.00	.00	.028	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR BCCTP-TOTAL						

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	19	1,597	\$ 80,704.44	\$ 50.54	44.361	\$ 4247.60	\$
HOSP INPATIENT TOTAL	2	8	16,540.08	2067.51	.222	8270.04	
HSC HOSPITALS	0	0	.00	.00	.000	.00	

NON-HSC HOSPITAL TOTAL	2	8	16,540.08	2067.51	.222	8270.04
ACCOMMODATIONS	2	8	4,198.56	524.82	.222	2099.28
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	2	8	4,198.56	524.82	.222	2099.28
ANCILLARIES	2	0	12,341.52	.00	.000	6170.76
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	18	1,589	64,164.36	40.38	44.139	3564.69
MEDICAL	6	30	1,047.59	34.92	.833	174.60
SURGERY	3	3	258.19	86.06	.083	86.06
PATHOLOGY	10	36	447.83	12.44	1.000	44.78
RADIOLOGY	6	7	1,140.56	162.94	.194	190.09
ROOM USE	7	15	664.34	44.29	.417	94.91
CROSSOVERS/ALL OTH OUTPTNT	9	1,498	60,605.85	40.46	41.611	6733.98
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR BCCTP-TOTAL

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@COMMUNITY HOSPITAL TOTAL	19	1,597	\$ 80,704.44	\$ 50.54	44.361	\$ 4247.60	\$
COMM HOSP INPATIENT TOTAL	2	8	16,540.08	2067.51	.222	8270.04	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	2	8	16,540.08	2067.51	.222	8270.04	
ACCOMMODATIONS	2	8	4,198.56	524.82	.222	2099.28	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	2	8	4,198.56	524.82	.222	2099.28	
ANCILLARIES	2	0	12,341.52	.00	.000	6170.76	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	18	1,589	64,164.36	40.38	44.139	3564.69	
MEDICAL	6	30	1,047.59	34.92	.833	174.60	
SURGERY	3	3	258.19	86.06	.083	86.06	
PATHOLOGY	10	36	447.83	12.44	1.000	44.78	
RADIOLOGY	6	7	1,140.56	162.94	.194	190.09	

ROOM USE	7	15		664.34		44.29	.417	94.91	
CROSSOVERS/ALL OTH OUTPTNT	9	1,498		60,605.85		40.46	41.611	6733.98	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	\$
MENTALLY ILL	0	0		.00		.00	.000	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	\$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	3	7	\$	103.79	\$	14.83	.194	34.60	\$
PATHOLOGY	3	7		103.79		14.83	.194	34.60	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	55	120	\$	27,800.05	\$	231.67	3.333	505.46	\$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	55	120		27,800.05		231.67	3.333	505.46	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR BCCTP-TOTAL

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER	UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	14	28	\$ 323.15	\$ 11.54	.778	\$ 23.08	\$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		
BLOOD BANK	0	0	.00	.00	.000	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		
OTHER TRANS	0	0	.00	.00	.000	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		
OPTICIAN	14	28	323.15	11.54	.778	23.08		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		
PROSTHETICS	0	0	.00	.00	.000	.00		
ORTHOTICS	0	0	.00	.00	.000	.00		

PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY      AID CODE 80

120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER	PER ELIG USER	- C F
@TOTAL, ALL PROVIDERS	166	585	\$ 92,918.14	\$ 158.83	4.875	\$ 559.75	\$
@PHYSICIANS SERVICES	31	44	\$ 1,268.77	\$ 28.84	.367	\$ 40.93	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	31	44		1,268.77	28.84	.367	40.93
@PHARMACY	6	30	\$	253.68	\$ 8.46	.250	\$ 42.28
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00
SNF/ICF	0	0		.00	.00	.000	.00
OUTPATIENTS	0	0		.00	.00	.000	.00
MEDICAL SUPPLIES	6	30		253.68	8.46	.250	42.28
@DENTIST	2	4	\$	.00	\$ .00	.033	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00
ORAL SURGERY	2	2		.00	.00	.017	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	2	2		.00	.00	.017	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY      AID CODE 80

120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$

PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	116	244	\$	88,797.99	\$	363.93	2.033	\$	765.50	\$
HOSP INPATIENT TOTAL	81	0		74,661.48		.00	.000		921.75	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	81	0		74,661.48		.00	.000		921.75	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	36	244		14,136.51		57.94	2.033		392.68	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	36	244		14,136.51		57.94	2.033		392.68	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR QMB - ONLY      AID CODE 80

120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	116	244	\$ 88,797.99	\$ 363.93	2.033	\$ 765.50	\$
COMM HOSP INPATIENT TOTAL	81	0	74,661.48	.00	.000	921.75	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	81	0	74,661.48	.00	.000	921.75	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	



COMM HOSP OUTPATIENT TOTAL	36	244		14,136.51		57.94	2.033	392.68	
MEDICAL	0	0		.00		.00	.000	.00	
SURGERY	0	0		.00		.00	.000	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	
RADIOLOGY	0	0		.00		.00	.000	.00	
ROOM USE	0	0		.00		.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	36	244		14,136.51		57.94	2.033	392.68	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	\$
MENTALLY ILL	0	0		.00		.00	.000	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	\$
ICF DDH	0	0		.00		.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	5	15	\$	2,454.53	\$	163.64	.125	490.91	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
HEMODIALYSIS CENTER	5	15		2,454.53		163.64	.125	490.91	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	
@LABORATORY FACILITY	1	1	\$	2.45	\$	2.45	.008	2.45	\$
PATHOLOGY	0	0		.00		.00	.000	.00	
XO AND OTHERS	1	1		2.45		2.45	.008	2.45	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	.00	\$
CLINIC	0	0		.00		.00	.000	.00	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	
#CALIF DEPT OF HEALTH SERV									PA
MOP024									
SANTA CRUZ COUNTY									

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR QMB - ONLY

120 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	10	247	\$ 140.72	\$ .57	2.058	\$ 14.07	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	

PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	2	2	15.10	7.55	.017	7.55
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	8	245	125.62	.51	2.042	15.70
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00
@XOVER EXCLUDING STATE HOSP**	164	581	\$ 92,918.14	\$ 159.93	4.842	\$ 566.57

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR 133% PROGRAM      AID CODES 72 74 8N 8P

523 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C E
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	919	2,843	\$ 185,276.22	\$ 65.17	5.436	\$ 201.61	\$
@PHYSICIANS SERVICES	67	163	\$ 17,685.83	\$ 108.50	.312	\$ 263.97	\$
OUTPATIENT VISITS	42	45	1,798.84	39.97	.086	42.83	
OFFICE VISITS	20	21	883.96	42.09	.040	44.20	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	7	8	356.80	44.60	.015	50.97	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	16	16	558.08	34.88	.031	34.88	
INPATIENT VISITS	3	8	674.37	84.30	.015	224.79	
HOSPITAL VISITS	3	8	674.37	84.30	.015	224.79	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	5	22	1,153.14	52.42	.042	230.63	
PRINCIPAL SURGEON	3	5	608.25	121.65	.010	202.75	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	2	17	544.89	32.05	.033	272.45	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	1	2	109.81	54.91	.004	109.81	
RADIOLOGY	13	15	437.66	29.18	.029	33.67	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	3	16	9,475.03	592.19	.031	3158.34	
OTHER SERVICES/ALL X-OVERS	26	55	4,036.98	73.40	.105	155.27	

@PHARMACY	50	96	\$	13,437.05	\$	139.97	.184	\$	268.74	\$	
PRESCRIPTION DRUGS	48	89		13,145.90		147.71	.170		273.87		
SNF/ICF	0	0		.00		.00	.000		.00		
OUTPATIENTS	48	89		13,145.90		147.71	.170		273.87		
MEDICAL SUPPLIES	4	7		291.15		41.59	.013		72.79		
@DENTIST	221	1,177	\$	30,173.10	\$	25.64	2.250	\$	136.53	\$	
VISITS - DIAGNOSTIC	204	812		10,496.10		12.93	1.553		51.45		
ORAL SURGERY	11	25		1,043.00		41.72	.048		94.82		
DRUGS	24	25		625.00		25.00	.048		26.04		
ANESTHESIA	1	1		100.00		100.00	.002		100.00		
PERIODONTICS	0	0		.00		.00	.000		.00		
ENDODONTICS	22	64		4,473.00		69.89	.122		203.32		
RESTORATIVE DENTISTRY	59	245		12,876.00		52.56	.468		218.24		
PROSTHETICS	0	0		.00		.00	.000		.00		
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		
SPACE MAINTAINERS	3	4		560.00		140.00	.008		186.67		
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		
ALL OTHER SERVICES	3	1		.00		.00	.002		.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR 133% PROGRAM										
	AID CODES 72 74 8N 8P										

523 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@OPTOMETRIST	1	1	\$ 39.44	\$ 39.44	.002	\$ 39.44	\$
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	39.44	.002	39.44	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$
@TOTAL HOSPITAL	63	165	\$	37,063.13	\$	224.63	.315 \$ 588.30
HOSP INPATIENT TOTAL	6	15		31,549.78		2103.32	.029 5258.30
HSC HOSPITALS	5	13		24,127.00		1855.92	.025 4825.40
NON-HSC HOSPITAL TOTAL	1	2		7,422.78		3711.39	.004 7422.78
ACCOMMODATIONS	1	2		2,359.68		1179.84	.004 2359.68
ADMINISTRATIVE DAYS	0	0		.00		.00	.000 .00
TRANSITIONAL IP CARE	0	0		.00		.00	.000 .00
ALL OTHER ACCOM	1	2		2,359.68		1179.84	.004 2359.68
ANCILLARIES	1	0		5,063.10		.00	.000 5063.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000 .00
ALL OTHER INPATIENT	0	0		.00		.00	.000 .00
HOSP OUTPATIENT TOTAL	58	150		5,513.35		36.76	.287 95.06
MEDICAL	10	12		504.39		42.03	.023 50.44
SURGERY	1	1		150.29		150.29	.002 150.29
PATHOLOGY	14	48		671.42		13.99	.092 47.96
RADIOLOGY	11	13		1,608.29		123.71	.025 146.21
ROOM USE	34	39		1,507.99		38.67	.075 44.35
CROSSOVERS/ALL OTH OUTPTNT	18	37		1,070.97		28.95	.071 59.50
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000 \$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000 .00
HSC HOSPITALS	0	0		.00		.00	.000 .00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000 .00
ACCOMMODATIONS	0	0		.00		.00	.000 .00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000 .00
TRANSITIONAL IP CARE	0	0		.00		.00	.000 .00
ALL OTHER ACCOM	0	0		.00		.00	.000 .00
ANCILLARIES	0	0		.00		.00	.000 .00
INPATIENT CROSSOVERS	0	0		.00		.00	.000 .00
ALL OTHER INPATIENT	0	0		.00		.00	.000 .00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000 .00
MEDICAL	0	0		.00		.00	.000 .00
SURGERY	0	0		.00		.00	.000 .00
PATHOLOGY	0	0		.00		.00	.000 .00
RADIOLOGY	0	0		.00		.00	.000 .00
ROOM USE	0	0		.00		.00	.000 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000 .00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR 133% PROGRAM      AID CODES 72 74 8N 8P

523 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	63	165	\$ 37,063.13	\$ 224.63	.315	\$ 588.30	\$
COMM HOSP INPATIENT TOTAL	6	15	31,549.78	2103.32	.029	5258.30	
HSC HOSPITALS	5	13	24,127.00	1855.92	.025	4825.40	
NON-HSC HOSPITALS TOTAL	1	2	7,422.78	3711.39	.004	7422.78	
ACCOMMODATIONS	1	2	2,359.68	1179.84	.004	2359.68	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	

TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	1	2		2,359.68	1179.84	.004	2359.68
ANCILLARIES	1	0		5,063.10	.00	.000	5063.10
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	58	150		5,513.35	36.76	.287	95.06
MEDICAL	10	12		504.39	42.03	.023	50.44
SURGERY	1	1		150.29	150.29	.002	150.29
PATHOLOGY	14	48		671.42	13.99	.092	47.96
RADIOLOGY	11	13		1,608.29	123.71	.025	146.21
ROOM USE	34	39		1,507.99	38.67	.075	44.35
CROSSOVERS/ALL OTH OUTPTNT	18	37		1,070.97	28.95	.071	59.50
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	17	91	\$	1,723.31	18.94	.174	101.37
HOSPITAL BASED	7	13		557.93	42.92	.025	79.70
INDEPENDENT FACILITY	10	78		1,165.38	14.94	.149	116.54
@LABORATORY FACILITY	2	2	\$	14.78	7.39	.004	7.39
PATHOLOGY	2	2		14.78	7.39	.004	7.39
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	415	553	\$	75,554.75	136.63	1.057	182.06
CLINIC	1	2		41.00	20.50	.004	41.00
SURGICENTER	1	1		82.42	82.42	.002	82.42
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	414	550		75,431.33	137.15	1.052	182.20

#CALIF DEPT OF HEALTH SERV MOP024  
 SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

523 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C E
@ALL OTHER PROVIDERS	130	595	\$ 9,584.83	\$ 16.11	1.138	\$ 73.73	\$
DURABLE MED. EQUIP.	1	3	74.22	24.74	.006	74.22	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	2	33	2,535.73	76.84	.063	1267.87	
AMBULANCES/AIR TRANS	2	32	735.73	22.99	.061	367.87	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	1,800.00	1800.00	.002	1800.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	6	12	113.84	9.49	.023	18.97
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	6	18	833.07	46.28	.034	138.85
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	115	529	6,027.97	11.40	1.011	52.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	128	473	\$ 70,848.56	\$ 149.79	.904	\$ 553.50
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 32.73	\$ 32.73	.002	\$ 32.73

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM	

635 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		C
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	590	2,198	\$ 113,593.59	\$ 51.68	3.461	\$ 192.53	\$
@PHYSICIANS SERVICES	36	87	\$ 6,698.70	\$ 77.00	.137	\$ 186.08	\$
OUTPATIENT VISITS	24	26	1,630.03	62.69	.041	67.92	
OFFICE VISITS	9	9	602.54	66.95	.014	66.95	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	7	7	506.17	72.31	.011	72.31	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.002	126.31	
OTHER OUTPATIENT	7	9	395.01	43.89	.014	56.43	
INPATIENT VISITS	2	4	289.58	72.40	.006	144.79	
HOSPITAL VISITS	2	4	289.58	72.40	.006	144.79	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	53.69	53.69	.002	53.69	
EXAMINATIONS	1	1	53.69	53.69	.002	53.69	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	3	4	1,497.43	374.36	.006	499.14	
PRINCIPAL SURGEON	3	4	1,497.43	374.36	.006	499.14	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	3	10	406.62	40.66	.016	135.54	
PRINCIPAL SURGEON	1	1	53.52	53.52	.002	53.52	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	2	9	353.10	39.23	.014	176.55	
DIALYSIS	0	0	.00	.00	.000	.00	

PATHOLOGY	1	9		514.08	57.12	.014	514.08		
RADIOLOGY	6	9		188.90	20.99	.014	31.48		
PSYCHIATRY	0	0		.00	.00	.000	.00		
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		
OTHER SERVICES/ALL X-OVERS	10	24		2,118.37	88.27	.038	211.84		
@PHARMACY	50	99	\$	12,258.11	\$ 123.82	.156	\$ 245.16	\$	
PRESCRIPTION DRUGS	43	85		10,628.48	125.04	.134	247.17		
SNF/ICF	0	0		.00	.00	.000	.00		
OUTPATIENTS	43	85		10,628.48	125.04	.134	247.17		
MEDICAL SUPPLIES	10	14		1,629.63	116.40	.022	162.96		
@DENTIST	185	948	\$	26,235.95	\$ 27.68	1.493	\$ 141.82	\$	
VISITS - DIAGNOSTIC	159	679		10,317.95	15.20	1.069	64.89		
ORAL SURGERY	19	38		4,014.00	105.63	.060	211.26		
DRUGS	15	18		455.00	25.28	.028	30.33		
ANESTHESIA	6	6		600.00	100.00	.009	100.00		
PERIODONTICS	1	1		118.00	118.00	.002	118.00		
ENDODONTICS	12	17		1,583.00	93.12	.027	131.92		
RESTORATIVE DENTISTRY	67	173		7,929.00	45.83	.272	118.34		
PROSTHETICS	0	0		.00	.00	.000	.00		
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		
SPACE MAINTAINERS	2	2		320.00	160.00	.003	160.00		
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.002	50.00		
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		
ORTHODONTIC SERVICES	3	5		849.00	169.80	.008	283.00		
ALL OTHER SERVICES	3	8		.00	.00	.013	.00		
#CALIF DEPT OF HEALTH SERV				MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					PA
MOP024				FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY				SUMMARY OF SERVICES FOR 100% PROGRAM					
				AID CODES 7A 7C 8R 8T					
635 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	MONTHLY AVERAGE - C F	
@OPTOMETRIST	1	5	\$	90.30	\$ 18.06	.008	\$ 90.30	\$	
DIAGNOSTIC AND ANC. PROCED	1	2		47.45	23.73	.003	47.45		
EYE APPLIANCES	1	3		42.85	14.28	.005	42.85		
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	.00	\$	
VISITS	0	0		.00	.00	.000	.00		
OTHER SERVICES	0	0		.00	.00	.000	.00		
@PODIATRIST	0	0	\$	.00	\$ .00	.000	.00	\$	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		
SURGERY/ANES.	0	0		.00	.00	.000	.00		
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		
OTHER	0	0		.00	.00	.000	.00		
@HOME HEALTH AGENCY	1	2	\$	104.99	\$ 52.50	.003	\$ 104.99	\$	
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	.00	\$	
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	.00	\$	
@TOTAL HOSPITAL	33	144	\$	16,046.57	\$ 111.43	.227	\$ 486.26	\$	
HOSP INPATIENT TOTAL	3	7		12,421.00	1774.43	.011	4140.33		
HSC HOSPITALS	3	7		12,421.00	1774.43	.011	4140.33		
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		
ACCOMMODATIONS	0	0		.00	.00	.000	.00		
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	30	137	3,625.57	26.46	.216	120.85	
MEDICAL	4	7	149.25	21.32	.011	37.31	
SURGERY	2	2	226.57	113.29	.003	113.29	
PATHOLOGY	17	81	1,018.43	12.57	.128	59.91	
RADIOLOGY	6	13	1,256.88	96.68	.020	209.48	
ROOM USE	18	18	654.45	36.36	.028	36.36	
CROSSOVERS/ALL OTH OUTPTNT	11	16	319.99	20.00	.025	29.09	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM						
			AID CODES 7A 7C 8R 8T				
			----- MONTHLY AVERAGE -				
635 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	33	144	\$ 16,046.57	\$ 111.43	.227	\$ 486.26	\$



COMM HOSP INPATIENT TOTAL	3	7		12,421.00	1774.43	.011	4140.33	
HSC HOSPITALS	3	7		12,421.00	1774.43	.011	4140.33	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	30	137		3,625.57	26.46	.216	120.85	
MEDICAL	4	7		149.25	21.32	.011	37.31	
SURGERY	2	2		226.57	113.29	.003	113.29	
PATHOLOGY	17	81		1,018.43	12.57	.128	59.91	
RADIOLOGY	6	13		1,256.88	96.68	.020	209.48	
ROOM USE	18	18		654.45	36.36	.028	36.36	
CROSSOVERS/ALL OTH OUTPTNT	11	16		319.99	20.00	.025	29.09	
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	.00	.000	.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	.00	.000	.00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	5	22	\$	626.35	28.47	.035	125.27	\$
HOSPITAL BASED	4	18		584.28	32.46	.028	146.07	
INDEPENDENT FACILITY	1	4		42.07	10.52	.006	42.07	
@LABORATORY FACILITY	1	13	\$	114.66	8.82	.020	114.66	\$
PATHOLOGY	1	13		114.66	8.82	.020	114.66	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	172	232	\$	37,662.37	162.34	.365	218.97	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	172	232		37,662.37	162.34	.365	218.97	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005							PA
MOP024	FEE-FOR-SERVICE/DENTAL							
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR 100% PROGRAM							
				AID CODES 7A 7C 8R 8T				
				----- MONTHLY AVERAGE -				
635 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	136	646	\$	13,755.59	\$ 21.29	1.017	\$ 101.14	\$
DURABLE MED. EQUIP.	1	21		5,077.60	241.79	.033	5077.60	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	

MEDICAL TRANSPORTATION	1	5	138.73	27.75	.008	138.73
AMBULANCES/AIR TRANS	1	5	138.73	27.75	.008	138.73
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	1	1	105.00	105.00	.002	105.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	27	55	448.62	8.16	.087	16.62
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	2	20	1,893.65	94.68	.031	946.83
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	104	544	6,091.99	11.20	.857	58.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	64	311	\$ 34,444.69	\$ 110.75	.490	\$ 538.20
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@TOTAL, ALL PROVIDERS	3,860	15,430	\$ 1,094,587.35	\$ 70.94	.000	\$ 283.57	\$
@PHYSICIANS SERVICES	356	459	\$ 38,771.81	\$ 84.47	.000	\$ 108.91	\$
OUTPATIENT VISITS	103	122	12,626.34	103.49	.000	122.59	
OFFICE VISITS	11	12	209.40	17.45	.000	19.04	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	98	110	12,416.94	112.88	.000	126.70	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	1	168.65	168.65	.000	168.65	
PRINCIPAL SURGEON	1	1	168.65	168.65	.000	168.65	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	

OUTPATIENT SURGERY	18	24		2,347.57	97.82	.000	130.42	
PRINCIPAL SURGEON	15	16		2,017.96	126.12	.000	134.53	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	5	8		329.61	41.20	.000	65.92	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	22	22		94.40	4.29	.000	4.29	
RADIOLOGY	268	285		22,946.70	80.51	.000	85.62	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	2	4		205.05	51.26	.000	102.53	
OTHER SERVICES/ALL X-OVERS	1	1		383.10	383.10	.000	383.10	
@PHARMACY	644	1,928	\$	34,449.96	\$ 17.87	.000	\$ 53.49	\$
PRESCRIPTION DRUGS	638	1,901		32,628.93	17.16	.000	51.14	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	638	1,901		32,628.93	17.16	.000	51.14	
MEDICAL SUPPLIES	12	27		1,821.03	67.45	.000	151.75	
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	20	38	\$ 1,586.05	\$ 41.74	.000	\$ 79.30	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	

HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	20	38	1,586.05	41.74	.000	79.30
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	9	15	286.67	19.11	.000	31.85
RADIOLOGY	9	11	844.27	76.75	.000	93.81
ROOM USE	6	6	204.60	34.10	.000	34.10
CROSSOVERS/ALL OTH OUTPTNT	2	6	250.51	41.75	.000	125.26
@COUNTY HOSPITAL TOTAL	4	12	\$ 478.35	\$ 39.86	.000	\$ 119.59
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	4	12	478.35	39.86	.000	119.59
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	3	5	56.83	11.37	.000	18.94
RADIOLOGY	2	4	208.38	52.10	.000	104.19
ROOM USE	2	2	68.20	34.10	.000	34.10
CROSSOVERS/ALL OTH OUTPTNT	1	1	144.94	144.94	.000	144.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005					
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G					

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		C
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	16	26	\$ 1,107.70	\$ 42.60	.000	\$ 69.23	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	16	26	1,107.70	42.60	.000	69.23	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	6	10	229.84	22.98	.000	38.31	

RADIOLOGY	7	7	635.89	90.84	.000	90.84
ROOM USE	4	4	136.40	34.10	.000	34.10
CROSSOVERS/ALL OTH OUTPTNT	1	5	105.57	21.11	.000	105.57
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	1,232	2,688	\$ 56,578.61	\$ 21.05	.000	\$ 45.92
PATHOLOGY	1,232	2,688	56,578.61	21.05	.000	45.92
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	2,894	10,223	\$ 953,330.92	\$ 93.25	.000	\$ 329.42
CLINIC	1,408	4,868	262,335.73	53.89	.000	186.32
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	1,488	5,355	690,995.19	129.04	.000	464.38

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
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----- MONTHLY AVERAGE -

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	94	94	\$	9,870.00	\$ 105.00	.000	\$ 105.00	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	94	94		9,870.00	105.00	.000	105.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	0	0		.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

	119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	40	101	\$	19,600.22	\$ 194.06	.849	\$ 490.01	\$
@PHYSICIANS SERVICES	1	1	\$	51.68	\$ 51.68	.008	\$ 51.68	\$
OUTPATIENT VISITS	1	1		51.68	51.68	.008	51.68	
OFFICE VISITS	1	1		51.68	51.68	.008	51.68	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	

SERVICES AND MATERIALS	0	0		.00		.00	.000		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00
DIALYSIS	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
PSYCHIATRY	0	0		.00		.00	.000		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00
@PHARMACY	32	79	\$	15,322.81	\$	193.96	.664	\$	478.84 \$
PRESCRIPTION DRUGS	31	78		15,312.72		196.32	.655		493.96
SNF/ICF	0	0		.00		.00	.000		.00
OUTPATIENTS	31	78		15,312.72		196.32	.655		493.96
MEDICAL SUPPLIES	1	1		10.09		10.09	.008		10.09
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00 \$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00
ORAL SURGERY	0	0		.00		.00	.000		.00
DRUGS	0	0		.00		.00	.000		.00
ANESTHESIA	0	0		.00		.00	.000		.00
PERIODONTICS	0	0		.00		.00	.000		.00
ENDODONTICS	0	0		.00		.00	.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00
PROSTHETICS	0	0		.00		.00	.000		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005								
MOP024	FEE-FOR-SERVICE/DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H								

119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	-
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	2	7	\$	88.97	\$	12.71	.059	\$	44.49	\$	
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	2	7		88.97		12.71	.059		44.49		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		
PATHOLOGY	2	6		66.44		11.07	.050		33.22		
RADIOLOGY	1	1		22.53		22.53	.008		22.53		
ROOM USE	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	0	0		.00		.00	.000		.00		
ROOM USE	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005										PA
MOP024	FEE-FOR-SERVICE/DENTAL										
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM										AID CODE 7H
119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER				
@COMMUNITY HOSPITAL TOTAL	2	7	\$	88.97	\$ 12.71	.059	\$ 44.49	\$			
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00				
HSC HOSPITALS	0	0		.00	.00	.000	.00				
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00				
ACCOMMODATIONS	0	0		.00	.00	.000	.00				
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00				
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00				
ALL OTHER ACCOM	0	0		.00	.00	.000	.00				
ANCILLARIES	0	0		.00	.00	.000	.00				
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00				



ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	2	7		88.97	12.71	.059	44.49
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	2	6		66.44	11.07	.050	33.22
RADIOLOGY	1	1		22.53	22.53	.008	22.53
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00 \$
PATHOLOGY	0	0		.00	.00	.000	.00
XO AND OTHERS	0	0		.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	9	14	\$	4,136.76	\$ 295.48	.118	\$ 459.64 \$
CLINIC	0	0		.00	.00	.000	.00
SURGICENTER	0	0		.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00
RURAL HEALTH CLINIC	9	14		4,136.76	295.48	.118	459.64

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MEDI-CAL TUBERCULOSIS PROGRAM      AID CODE 7H

119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	

OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL		
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N	

6,834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	1,008	5,801	\$ 1,077,281.78	\$ 185.71	.849	\$ 1068.73	\$
@PHYSICIANS SERVICES	510	1,516	\$ 136,198.48	\$ 89.84	.222	\$ 267.06	\$
OUTPATIENT VISITS	237	427	30,308.65	70.98	.062	127.88	
OFFICE VISITS	46	51	2,618.53	51.34	.007	56.92	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	37	57	3,873.25	67.95	.008	104.68	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	171	319	23,816.87	74.66	.047	139.28	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	82	253	21,372.73	84.48	.037	260.64	

HOSPITAL VISITS	70	132		6,015.62	45.57	.019	85.94	
CRITICAL CARE	20	121		15,357.11	126.92	.018	767.86	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	110	263		60,487.62	229.99	.038	549.89	
PRINCIPAL SURGEON	81	83		52,833.34	636.55	.012	652.26	
ASSISTANT SURGEON	10	10		1,818.38	181.84	.001	181.84	
ANESTHESIOLOGIST	32	170		5,835.90	34.33	.025	182.37	
OUTPATIENT SURGERY	50	87		4,783.51	54.98	.013	95.67	
PRINCIPAL SURGEON	48	74		4,155.30	56.15	.011	86.57	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	8	13		628.21	48.32	.002	78.53	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	76	132		2,056.06	15.58	.019	27.05	
RADIOLOGY	183	224		12,306.28	54.94	.033	67.25	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	23	54		756.62	14.01	.008	32.90	
OTHER SERVICES/ALL X-OVERS	46	76		4,127.01	54.30	.011	89.72	
@PHARMACY	218	416	\$	10,272.23	\$ 24.69	.061	\$ 47.12	\$
PRESCRIPTION DRUGS	216	404		9,231.88	22.85	.059	42.74	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	216	404		9,231.88	22.85	.059	42.74	
MEDICAL SUPPLIES	6	12		1,040.35	86.70	.002	173.39	
@DENTIST	2	4	\$	.00	\$ .00	.001	\$ .00	\$
VISITS - DIAGNOSTIC	1	2		.00	.00	.000	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	1	2		.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV								PA
MOP024								
SANTA CRUZ COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

	6,834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	

SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	11	12	\$	808.86	\$ 67.41	.002	\$ 73.53
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00
@TOTAL HOSPITAL	307	1,411	\$	787,934.13	\$ 558.42	.206	\$ 2566.56
HOSP INPATIENT TOTAL	101	480		763,702.37	1591.05	.070	7561.41
HSC HOSPITALS	12	28		123,304.15	4403.72	.004	10275.35
NON-HSC HOSPITAL TOTAL	89	452		640,398.22	1416.81	.066	7195.49
ACCOMMODATIONS	89	452		214,123.06	473.72	.066	2405.88
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	89	452		214,123.06	473.72	.066	2405.88
ANCILLARIES	89	0		426,275.16	.00	.000	4789.61
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	266	931		24,231.76	26.03	.136	91.10
MEDICAL	7	7		416.72	59.53	.001	59.53
SURGERY	38	48		2,100.70	43.76	.007	55.28
PATHOLOGY	134	348		4,173.27	11.99	.051	31.14
RADIOLOGY	53	71		4,503.54	63.43	.010	84.97
ROOM USE	104	144		6,766.24	46.99	.021	65.06
CROSSOVERS/ALL OTH OUTPTNT	133	313		6,271.29	20.04	.046	47.15
@COUNTY HOSPITAL TOTAL	5	20	\$	619.82	\$ 30.99	.003	\$ 123.96
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	5	20		619.82	30.99	.003	123.96
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	2	3		57.94	19.31	.000	28.97
PATHOLOGY	2	8		226.93	28.37	.001	113.47
RADIOLOGY	1	1		59.16	59.16	.000	59.16
ROOM USE	1	4		240.50	60.13	.001	240.50
CROSSOVERS/ALL OTH OUTPTNT	2	4		35.29	8.82	.001	17.65

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

6,834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@COMMUNITY HOSPITAL TOTAL	302	1,391	\$ 787,314.31	\$ 566.01	.204	\$ 2607.00	\$
COMM HOSP INPATIENT TOTAL	101	480	763,702.37	1591.05	.070	7561.41	
HSC HOSPITALS	12	28	123,304.15	4403.72	.004	10275.35	
NON-HSC HOSPITALS TOTAL	89	452	640,398.22	1416.81	.066	7195.49	
ACCOMMODATIONS	89	452	214,123.06	473.72	.066	2405.88	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	89	452	214,123.06	473.72	.066	2405.88
ANCILLARIES	89	0	426,275.16	.00	.000	4789.61
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	261	911	23,611.94	25.92	.133	90.47
MEDICAL	7	7	416.72	59.53	.001	59.53
SURGERY	36	45	2,042.76	45.39	.007	56.74
PATHOLOGY	132	340	3,946.34	11.61	.050	29.90
RADIOLOGY	52	70	4,444.38	63.49	.010	85.47
ROOM USE	103	140	6,525.74	46.61	.020	63.36
CROSSOVERS/ALL OTH OUTPTNT	131	309	6,236.00	20.18	.045	47.60
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00
@LABORATORY FACILITY	263	802	\$ 9,985.70	\$ 12.45	.117	\$ 37.97
PATHOLOGY	263	802	9,985.70	12.45	.117	37.97
XO AND OTHERS	0	0	.00	.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	337	1,572	\$ 127,876.53	\$ 81.35	.230	\$ 379.46
CLINIC	146	758	23,585.04	31.11	.111	161.54
SURGICENTER	0	0	.00	.00	.000	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00
RURAL HEALTH CLINIC	193	814	104,291.49	128.12	.119	540.37

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
MOP024 FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

					----- MONTHLY AVERAGE -----			
6,834 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F	
@ALL OTHER PROVIDERS	38	68	\$ 4,205.85	\$ 61.85	.010	\$ 110.68	\$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		
BLOOD BANK	0	0	.00	.00	.000	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		
MEDICAL TRANSPORTATION	4	34	635.85	18.70	.005	158.96		
AMBULANCES/AIR TRANS	4	34	635.85	18.70	.005	158.96		
OTHER TRANS	0	0	.00	.00	.000	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00		

ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	34	34	3,570.00	105.00	.005	105.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	3	61	\$ 76,812.23	\$ 1259.22	.009	\$ 25604.08
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES      AID CODE 38

110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER	PER ELIG USER	- C F
@TOTAL, ALL PROVIDERS	1,146	3,336	\$ 227,732.02	\$ 68.26	30.327	\$ 198.72	\$
@PHYSICIANS SERVICES	43	113	\$ 10,177.56	\$ 90.07	1.027	\$ 236.69	\$
OUTPATIENT VISITS	26	27	1,641.02	60.78	.245	63.12	
OFFICE VISITS	8	8	647.64	80.96	.073	80.96	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	8	8	467.78	58.47	.073	58.47	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	10	11	525.60	47.78	.100	52.56	
INPATIENT VISITS	3	22	2,040.30	92.74	.200	680.10	
HOSPITAL VISITS	3	17	1,113.60	65.51	.155	371.20	
CRITICAL CARE	1	5	926.70	185.34	.045	926.70	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	2	3	113.50	37.83	.027	56.75	
EXAMINATIONS	2	3	113.50	37.83	.027	56.75	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2	2	1,039.34	519.67	.018	519.67	
PRINCIPAL SURGEON	2	2	1,039.34	519.67	.018	519.67	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	4	15	1,488.16	99.21	.136	372.04	
PRINCIPAL SURGEON	2	2	1,092.21	546.11	.018	546.11	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	2	13	395.95	30.46	.118	197.98	

DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	5	6	864.46	144.08	.055	172.89
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	17	38	2,990.78	78.70	.345	175.93
@PHARMACY	77	138	\$ 14,133.54	\$ 102.42	1.255	\$ 183.55
PRESCRIPTION DRUGS	66	115	12,503.43	108.73	1.045	189.45
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	66	115	12,503.43	108.73	1.045	189.45
MEDICAL SUPPLIES	16	23	1,630.11	70.87	.209	101.88
@DENTIST	309	1,405	\$ 40,501.85	\$ 28.83	12.773	\$ 131.07
VISITS - DIAGNOSTIC	232	925	12,677.25	13.71	8.409	54.64
ORAL SURGERY	37	66	3,912.50	59.28	.600	105.74
DRUGS	21	21	355.00	16.90	.191	16.90
ANESTHESIA	10	9	675.00	75.00	.082	67.50
PERIODONTICS	12	12	1,357.00	113.08	.109	113.08
ENDODONTICS	28	60	6,999.40	116.66	.545	249.98
RESTORATIVE DENTISTRY	95	271	13,735.70	50.69	2.464	144.59
PROSTHETICS	2	2	60.00	30.00	.018	30.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	1	1	120.00	120.00	.009	120.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	8	10	610.00	61.00	.091	76.25
ALL OTHER SERVICES	13	28	.00	.00	.255	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      EDWARDS CASES IN PA-FAMILIES      AID CODE 38

110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	2	4	\$ 53.34	\$ 13.34	.036	\$ 26.67	\$
DIAGNOSTIC AND ANC. PROCED	1	0	.00	.00	.000	.00	
EYE APPLIANCES	2	4	53.34	13.34	.036	26.67	
OTHER OPTOMETRIC SERVICES	1	0	.00	.00	.000	.00	

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	1	5	\$	329.57	\$	65.91	.045	\$	329.57	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	39	168	\$	36,650.33	\$	218.16	1.527	\$	939.75	\$
HOSP INPATIENT TOTAL	3	18		32,442.00		1802.33	.164		10814.00	
HSC HOSPITALS	3	18		32,442.00		1802.33	.164		10814.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	37	150		4,208.33		28.06	1.364		113.74	
MEDICAL	7	7		262.72		37.53	.064		37.53	
SURGERY	1	1		103.91		103.91	.009		103.91	
PATHOLOGY	12	73		734.05		10.06	.664		61.17	
RADIOLOGY	5	7		529.03		75.58	.064		105.81	
ROOM USE	23	33		1,340.21		40.61	.300		58.27	
CROSSOVERS/ALL OTH OUTPTNT	17	29		1,238.41		42.70	.264		72.85	
@COUNTY HOSPITAL TOTAL	1	6	\$	245.82	\$	40.97	.055	\$	245.82	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	1	6		245.82		40.97	.055		245.82	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	1	2		70.80		35.40	.018		70.80	
ROOM USE	1	4		175.02		43.76	.036		175.02	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA

MOP024

FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY

SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES

AID CODE 38

----- MONTHLY AVERAGE -

110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
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@COMMUNITY HOSPITAL TOTAL	38	162	\$	36,404.51	\$	224.72	1.473	\$	958.01	\$
COMM HOSP INPATIENT TOTAL	3	18		32,442.00		1802.33	.164		10814.00	
HSC HOSPITALS	3	18		32,442.00		1802.33	.164		10814.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	36	144		3,962.51		27.52	1.309		110.07	
MEDICAL	7	7		262.72		37.53	.064		37.53	
SURGERY	1	1		103.91		103.91	.009		103.91	
PATHOLOGY	12	73		734.05		10.06	.664		61.17	
RADIOLOGY	4	5		458.23		91.65	.045		114.56	
ROOM USE	22	29		1,165.19		40.18	.264		52.96	
CROSSOVERS/ALL OTH OUTPTNT	17	29		1,238.41		42.70	.264		72.85	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	9	35	\$	791.57	\$	22.62	.318	\$	87.95	\$
HOSPITAL BASED	3	6		350.21		58.37	.055		116.74	
INDEPENDENT FACILITY	6	29		441.36		15.22	.264		73.56	
@LABORATORY FACILITY	5	9	\$	43.99	\$	4.89	.082	\$	8.80	\$
PATHOLOGY	5	9		43.99		4.89	.082		8.80	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	508	711	\$	116,665.05	\$	164.09	6.464	\$	229.66	\$
CLINIC	1	1		70.81		70.81	.009		70.81	
SURGICENTER	1	1		58.88		58.88	.009		58.88	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	506	709		116,535.36		164.37	6.445		230.31	

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES      AID CODE 38

	110 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	214	748	\$	8,385.22	\$ 11.21	6.800	\$ 39.18	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	1	7	164.68	23.53	.064	164.68
AMBULANCES/AIR TRANS	1	6	154.80	25.80	.055	154.80
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	1	1	9.88	9.88	.009	9.88
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	11	11	1,155.00	105.00	.100	105.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	54	124	1,032.65	8.33	1.127	19.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	148	606	6,032.89	9.96	5.509	40.76
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	73	304	\$ 51,930.53	\$ 170.82	2.764	\$ 711.38
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P	

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	38	98	\$ 6,500.06	\$ 66.33	8.167	\$ 171.05	\$
@PHYSICIANS SERVICES	9	16	\$ 757.40	\$ 47.34	1.333	\$ 84.16	\$
OUTPATIENT VISITS	6	9	434.39	48.27	.750	72.40	
OFFICE VISITS	3	3	96.82	32.27	.250	32.27	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	2	2	130.66	65.33	.167	65.33	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	2	4	206.91	51.73	.333	103.46	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	

ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	1	1		91.55	91.55	.083	91.55
PRINCIPAL SURGEON	1	1		91.55	91.55	.083	91.55
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	2	2		139.62	69.81	.167	69.81
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	3	4		91.84	22.96	.333	30.61
@PHARMACY	7	11	\$	799.32	\$ 72.67	.917	\$ 114.19
PRESCRIPTION DRUGS	7	11		799.32	72.67	.917	114.19
SNF/ICF	0	0		.00	.00	.000	.00
OUTPATIENTS	7	11		799.32	72.67	.917	114.19
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00
@DENTIST	5	15	\$	567.00	\$ 37.80	1.250	\$ 113.40
VISITS - DIAGNOSTIC	2	11		120.00	10.91	.917	60.00
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	1	1		330.00	330.00	.083	330.00
RESTORATIVE DENTISTRY	3	3		117.00	39.00	.250	39.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P						

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	\$
NURSE MIDWIFE	0	0	.00	.00	.000	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	\$
@TOTAL HOSPITAL	9	34	\$ 1,584.75	\$ 46.61	2.833	\$ 176.08	\$

HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	9	34	1,584.75	46.61	2.833	176.08
MEDICAL	2	2	379.36	189.68	.167	189.68
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	6	15	177.88	11.86	1.250	29.65
RADIOLOGY	1	2	408.91	204.46	.167	408.91
ROOM USE	5	7	240.60	34.37	.583	48.12
CROSSOVERS/ALL OTH OUTPTNT	4	8	378.00	47.25	.667	94.50
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA

MOP024  
SANTA CRUZ COUNTY

FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	9	34	\$ 1,584.75	\$ 46.61	2.833	\$ 176.08	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	9	34	1,584.75	46.61	2.833	176.08	
MEDICAL	2	2	379.36	189.68	.167	189.68	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	6	15	177.88	11.86	1.250	29.65	
RADIOLOGY	1	2	408.91	204.46	.167	408.91	
ROOM USE	5	7	240.60	34.37	.583	48.12	
CROSSOVERS/ALL OTH OUTPTNT	4	8	378.00	47.25	.667	94.50	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	8	13	\$ 2,706.80	\$ 208.22	1.083	\$ 338.35	\$
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	8	13	2,706.80	208.22	1.083	338.35	

#CALIF DEPT OF HEALTH SERV  
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SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA  
FEE-FOR-SERVICE/DENTAL  
SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

----- MONTHLY AVERAGE -

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	5	9	\$ 84.79	\$ 9.42	.750	\$ 16.96	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	57.40	9.57	.500	19.13	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2	3	27.39	9.13	.250	13.70	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	11	39	\$ 1,605.06	\$ 41.16	3.250	\$ 145.91	\$
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$ .00	.000	\$ .00	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED      AID CODE 1E

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	99	230	\$ 21,550.52	\$ 93.70	.000	\$ 217.68	\$
@PHYSICIANS SERVICES	0	0	.00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	

EXAMINATIONS	0	0		.00	.00	.000	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00
DIALYSIS	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
PSYCHIATRY	0	0		.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00
@PHARMACY	47	64	\$	6,906.93	\$ 107.92	.000	\$ 146.96 \$
PRESCRIPTION DRUGS	47	64		6,906.93	107.92	.000	146.96
SNF/ICF	43	57		6,184.75	108.50	.000	143.83
OUTPATIENTS	5	7		722.18	103.17	.000	144.44
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00
@DENTIST	11	29	\$	1,719.00	\$ 59.28	.000	\$ 156.27 \$
VISITS - DIAGNOSTIC	9	26		369.00	14.19	.000	41.00
ORAL SURGERY	0	0		.00	.00	.000	.00
DRUGS	0	0		.00	.00	.000	.00
ANESTHESIA	0	0		.00	.00	.000	.00
PERIODONTICS	0	0		.00	.00	.000	.00
ENDODONTICS	0	0		.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00
PROSTHETICS	0	0		.00	.00	.000	.00
DENTURES, STAYPLATES	2	3		1,350.00	450.00	.000	675.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV MOP024							
SANTA CRUZ COUNTY							
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA							
FEE-FOR-SERVICE/DENTAL							
SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E							
----- MONTHLY AVERAGE -							
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00 \$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00 \$
VISITS	0	0		.00	.00	.000	.00
OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00 \$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00 \$

NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005									PA
MOP024	FEE-FOR-SERVICE/DENTAL									
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E									

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	C E
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$	.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	
HSC HOSPITALS	0	0	.00	.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	
ACCOMMODATIONS	0	0	.00	.00	.000		.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	
ANCILLARIES	0	0	.00	.00	.000		.00	



INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	1	0	\$	985.50	\$	.00	.000	\$ 985.50 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	1	0		985.50		.00	.000	985.50
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00 \$
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	21	90	\$	10,914.88	\$	121.28	.000	\$ 519.76 \$
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00

RURAL HEALTH CLINIC	21	90	10,914.88	121.28	.000	519.76	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED						
	AID CODE 1E						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	23	47	\$ 1,024.21	\$ 21.79	.000	\$ 44.53	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	2	5	508.00	101.60	.000	254.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	19	40	502.96	12.57	.000	26.47	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	2	2	13.25	6.63	.000	6.63	
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	\$
@XOVER EXCLUDING STATE HOSP**	3	2	\$ 998.75	\$ 499.38	.000	\$ 332.92	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND						
	AID CODE 2E						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	4	14	\$ 2,211.68	\$ 157.98	.000	\$ 552.92	\$
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	

INPATIENT VISITS	0	0		.00		.00	.000		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00
CRITICAL CARE	0	0		.00		.00	.000		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00
EXAMINATIONS	0	0		.00		.00	.000		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00
DIALYSIS	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
PSYCHIATRY	0	0		.00		.00	.000		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00
@PHARMACY	1	1	\$	312.46	\$	312.46	.000	\$	312.46 \$
PRESCRIPTION DRUGS	1	1		312.46		312.46	.000		312.46
SNF/ICF	1	1		312.46		312.46	.000		312.46
OUTPATIENTS	0	0		.00		.00	.000		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00
@DENTIST	2	4	\$	940.00	\$	235.00	.000	\$	470.00 \$
VISITS - DIAGNOSTIC	1	2		40.00		20.00	.000		40.00
ORAL SURGERY	0	0		.00		.00	.000		.00
DRUGS	0	0		.00		.00	.000		.00
ANESTHESIA	0	0		.00		.00	.000		.00
PERIODONTICS	0	0		.00		.00	.000		.00
ENDODONTICS	0	0		.00		.00	.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00
PROSTHETICS	0	0		.00		.00	.000		.00
DENTURES, STAYPLATES	1	2		900.00		450.00	.000		900.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MOP024  
 SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005  
 FEE-FOR-SERVICE/DENTAL  
 SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		
SURGERY/ANES.	0	0		.00		.00	.000	.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		
OTHER	0	0		.00		.00	.000	.00		
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005									PA
MOP024	FEE-FOR-SERVICE/DENTAL									
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND									AID CODE 2E
----- MONTHLY AVERAGE -----										
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER			
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER			
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	

ACCOMMODATIONS	0	0		.00		.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00
ANCILLARIES	0	0		.00		.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00
MEDICAL	0	0		.00		.00	.000	.00
SURGERY	0	0		.00		.00	.000	.00
PATHOLOGY	0	0		.00		.00	.000	.00
RADIOLOGY	0	0		.00		.00	.000	.00
ROOM USE	0	0		.00		.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$ .00 \$
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00 \$
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	1	9	\$	959.22	\$	106.58	.000	\$ 959.22 \$
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	1	9		959.22		106.58	.000	959.22

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND      AID CODE 2E

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	0		0 \$	.00	\$ .00	.000	\$ .00	\$
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	
BLOOD BANK	0		0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	
OTHER TRANS	0		0	.00	.00	.000	.00	

OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE - UNITS/DAYS      COST PER	C
					PER ELIG      USER	E
@TOTAL, ALL PROVIDERS	978	6,540	\$ 559,139.00	\$ 85.50	436.000      \$ 571.72	\$ 3
@PHYSICIANS SERVICES	40	112	\$ 7,728.32	\$ 69.00	7.467      \$ 193.21	\$
OUTPATIENT VISITS	23	28	1,658.29	59.22	1.867      72.10	
OFFICE VISITS	5	5	307.91	61.58	.333      61.58	

HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	4	4		386.55	96.64	.267	96.64	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	16	19		963.83	50.73	1.267	60.24	
INPATIENT VISITS	1	11		1,014.64	92.24	.733	1014.64	
HOSPITAL VISITS	1	9		643.96	71.55	.600	643.96	
CRITICAL CARE	1	2		370.68	185.34	.133	370.68	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	2	3		165.13	55.04	.200	82.57	
EXAMINATIONS	2	3		165.13	55.04	.200	82.57	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	3	14		1,086.92	77.64	.933	362.31	
PRINCIPAL SURGEON	2	3		730.11	243.37	.200	365.06	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	2	11		356.81	32.44	.733	178.41	
OUTPATIENT SURGERY	5	20		1,145.56	57.28	1.333	229.11	
PRINCIPAL SURGEON	2	5		569.15	113.83	.333	284.58	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	3	15		576.41	38.43	1.000	192.14	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	2	2		96.30	48.15	.133	48.15	
RADIOLOGY	8	18		1,517.00	84.28	1.200	189.63	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	9	16		1,044.48	65.28	1.067	116.05	
@PHARMACY	514	3,933	\$	286,157.70	\$ 72.76	262.200	\$ 556.73	\$ 1
PRESCRIPTION DRUGS	505	1,346		270,502.18	200.97	89.733	535.65	1
SNF/ICF	171	482		90,777.15	188.33	32.133	530.86	
OUTPATIENTS	353	864		179,725.03	208.02	57.600	509.14	1
MEDICAL SUPPLIES	28	2,587		15,655.52	6.05	172.467	559.13	
@DENTIST	80	317	\$	11,270.60	\$ 35.55	21.133	\$ 140.88	\$
VISITS - DIAGNOSTIC	49	179		2,158.10	12.06	11.933	44.04	
ORAL SURGERY	10	30		1,398.00	46.60	2.000	139.80	
DRUGS	2	3		50.00	16.67	.200	25.00	
ANESTHESIA	2	2		200.00	100.00	.133	100.00	
PERIODONTICS	7	7		826.00	118.00	.467	118.00	
ENDODONTICS	6	6		1,090.00	181.67	.400	181.67	
RESTORATIVE DENTISTRY	18	32		1,642.00	51.31	2.133	91.22	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	11	45		3,786.50	84.14	3.000	344.23	
SPACE MAINTAINERS	1	1		120.00	120.00	.067	120.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	2	12		.00	.00	.800	.00	

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	5	16	\$	276.56	\$ 17.29	1.067	\$ 55.31	\$
DIAGNOSTIC AND ANC. PROCED	3	4		94.90	23.73	.267	31.63	
EYE APPLIANCES	4	12		181.66	15.14	.800	45.42	

OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00
@CHIROPRACITOR	0	0	\$	.00	\$ .00	.000	\$ .00
VISITS	0	0		.00	.00	.000	.00
OTHER SERVICES	0	0		.00	.00	.000	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	0	0		.00	.00	.000	.00
@HOME HEALTH AGENCY	5	11	\$	823.46	\$ 74.86	.733	\$ 164.69
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00
@TOTAL HOSPITAL	55	239	\$	56,482.36	\$ 236.33	15.933	\$ 1026.95
HOSP INPATIENT TOTAL	9	24		48,222.00	2009.25	1.600	5358.00
HSC HOSPITALS	3	24		42,750.00	1781.25	1.600	14250.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	6	0		5,472.00	.00	.000	912.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	48	215		8,260.36	38.42	14.333	172.09
MEDICAL	4	5		276.21	55.24	.333	69.05
SURGERY	5	7		385.32	55.05	.467	77.06
PATHOLOGY	18	109		860.07	7.89	7.267	47.78
RADIOLOGY	7	9		3,780.22	420.02	.600	540.03
ROOM USE	27	37		1,525.33	41.23	2.467	56.49
CROSSOVERS/ALL OTH OUTPTNT	14	48		1,433.21	29.86	3.200	102.37
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005						
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E						

15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONTHLY AVERAGE -	UNITS/DAYS	COST PER	C
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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	F
@COMMUNITY HOSPITAL TOTAL	55	239	\$	56,482.36	\$ 236.33	15.933	\$ 1026.95	\$
COMM HOSP INPATIENT TOTAL	9	24		48,222.00	2009.25	1.600	5358.00	
HSC HOSPITALS	3	24		42,750.00	1781.25	1.600	14250.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	6	0		5,472.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	48	215		8,260.36	38.42	14.333	172.09	
MEDICAL	4	5		276.21	55.24	.333	69.05	
SURGERY	5	7		385.32	55.05	.467	77.06	
PATHOLOGY	18	109		860.07	7.89	7.267	47.78	
RADIOLOGY	7	9		3,780.22	420.02	.600	540.03	
ROOM USE	27	37		1,525.33	41.23	2.467	56.49	
CROSSOVERS/ALL OTH OUTPTNT	14	48		1,433.21	29.86	3.200	102.37	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	6	201	\$	30,658.53	\$ 152.53	13.400	\$ 5109.76	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	6	201		30,658.53	152.53	13.400	5109.76	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	18	206	\$	2,549.84	\$ 12.38	13.733	\$ 141.66	\$
HOSPITAL BASED	1	1		80.00	80.00	.067	80.00	
INDEPENDENT FACILITY	17	205		2,469.84	12.05	13.667	145.28	
@LABORATORY FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
PATHOLOGY	0	0		.00	.00	.000	.00	
XO AND OTHERS	0	0		.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	289	589	\$	138,973.96	\$ 235.95	39.267	\$ 480.88	\$
CLINIC	0	0		.00	.00	.000	.00	
SURGICENTER	0	0		.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	
RURAL HEALTH CLINIC	289	589		138,973.96	235.95	39.267	480.88	
#CALIF DEPT OF HEALTH SERV								PA
MOP024								
SANTA CRUZ COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

	15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	114		916	\$ 24,217.67	\$ 26.44	61.067	\$ 212.44	\$
DURABLE MED. EQUIP.	5		24	3,814.90	158.95	1.600	762.98	

BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	2	9	868.62	96.51	.600	434.31
MEDICAL TRANSPORTATION	2	58	441.53	7.61	3.867	220.77
AMBULANCES/AIR TRANS	2	57	431.65	7.57	3.800	215.83
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	1	1	9.88	9.88	.067	9.88
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	24	382	13,805.19	36.14	25.467	575.22
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	46	110	1,013.81	9.22	7.333	22.04
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	2	6	203.61	33.94	.400	101.81
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	31	322	3,571.63	11.09	21.467	115.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	4	5	498.38	99.68	.333	124.60
@CALIF. CHILDREN SERVICES*	117	3,444	\$ 118,346.87	\$ 34.36	229.600	\$ 1011.51
@XOVER EXCLUDING STATE HOSP**	8	2	\$ 5,490.38	\$ 2745.19	.133	\$ 686.30

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
 MOP024      FEE-FOR-SERVICE/DENTAL  
 SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE - UNITS/DAYS PER ELIG	COST PER USER	C E
@TOTAL, ALL PROVIDERS	1,081	6,784	\$ 582,901.20	\$ 85.92	452.267	\$ 539.22	\$ 3
@PHYSICIANS SERVICES	40	112	\$ 7,728.32	\$ 69.00	7.467	\$ 193.21	\$
OUTPATIENT VISITS	23	28	1,658.29	59.22	1.867	72.10	
OFFICE VISITS	5	5	307.91	61.58	.333	61.58	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	4	4	386.55	96.64	.267	96.64	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	16	19	963.83	50.73	1.267	60.24	
INPATIENT VISITS	1	11	1,014.64	92.24	.733	1014.64	
HOSPITAL VISITS	1	9	643.96	71.55	.600	643.96	
CRITICAL CARE	1	2	370.68	185.34	.133	370.68	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	2	3	165.13	55.04	.200	82.57	
EXAMINATIONS	2	3	165.13	55.04	.200	82.57	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	3	14	1,086.92	77.64	.933	362.31	
PRINCIPAL SURGEON	2	3	730.11	243.37	.200	365.06	

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	2	11		356.81	32.44	.733	178.41	
OUTPATIENT SURGERY	5	20		1,145.56	57.28	1.333	229.11	
PRINCIPAL SURGEON	2	5		569.15	113.83	.333	284.58	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	3	15		576.41	38.43	1.000	192.14	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	2	2		96.30	48.15	.133	48.15	
RADIOLOGY	8	18		1,517.00	84.28	1.200	189.63	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	9	16		1,044.48	65.28	1.067	116.05	
@PHARMACY	562	3,998	\$	293,377.09	\$ 73.38	266.533	\$ 522.02	\$ 1
PRESCRIPTION DRUGS	553	1,411		277,721.57	196.83	94.067	502.21	1
SNF/ICF	215	540		97,274.36	180.14	36.000	452.44	
OUTPATIENTS	358	871		180,447.21	207.17	58.067	504.04	1
MEDICAL SUPPLIES	28	2,587		15,655.52	6.05	172.467	559.13	
@DENTIST	93	350	\$	13,929.60	\$ 39.80	23.333	\$ 149.78	\$
VISITS - DIAGNOSTIC	59	207		2,567.10	12.40	13.800	43.51	
ORAL SURGERY	10	30		1,398.00	46.60	2.000	139.80	
DRUGS	2	3		50.00	16.67	.200	25.00	
ANESTHESIA	2	2		200.00	100.00	.133	100.00	
PERIODONTICS	7	7		826.00	118.00	.467	118.00	
ENDODONTICS	6	6		1,090.00	181.67	.400	181.67	
RESTORATIVE DENTISTRY	18	32		1,642.00	51.31	2.133	91.22	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	14	50		6,036.50	120.73	3.333	431.18	
SPACE MAINTAINERS	1	1		120.00	120.00	.067	120.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	2	12		.00	.00	.800	.00	

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----- MONTHLY AVERAGE -

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@OPTOMETRIST	5	16	\$ 276.56	\$ 17.29	1.067	\$ 55.31	\$
DIAGNOSTIC AND ANC. PROCED	3	4	94.90	23.73	.267	31.63	
EYE APPLIANCES	4	12	181.66	15.14	.800	45.42	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	5	11	\$ 823.46	\$ 74.86	.733	\$ 164.69	\$
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	55	239	\$ 56,482.36	\$ 236.33	15.933	\$ 1026.95	\$
HOSP INPATIENT TOTAL	9	24	48,222.00	2009.25	1.600	5358.00	
HSC HOSPITALS	3	24	42,750.00	1781.25	1.600	14250.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	6	0	5,472.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	48	215	8,260.36	38.42	14.333	172.09	
MEDICAL	4	5	276.21	55.24	.333	69.05	
SURGERY	5	7	385.32	55.05	.467	77.06	
PATHOLOGY	18	109	860.07	7.89	7.267	47.78	
RADIOLOGY	7	9	3,780.22	420.02	.600	540.03	
ROOM USE	27	37	1,525.33	41.23	2.467	56.49	
CROSSOVERS/ALL OTH OUTPTNT	14	48	1,433.21	29.86	3.200	102.37	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	

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SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	55	239	\$ 56,482.36	\$ 236.33	15.933	\$ 1026.95	\$
COMM HOSP INPATIENT TOTAL	9	24	48,222.00	2009.25	1.600	5358.00	
HSC HOSPITALS	3	24	42,750.00	1781.25	1.600	14250.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	6	0	5,472.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	48	215	8,260.36	38.42	14.333	172.09	
MEDICAL	4	5	276.21	55.24	.333	69.05	
SURGERY	5	7	385.32	55.05	.467	77.06	
PATHOLOGY	18	109	860.07	7.89	7.267	47.78	
RADIOLOGY	7	9	3,780.22	420.02	.600	540.03	
ROOM USE	27	37	1,525.33	41.23	2.467	56.49	
CROSSOVERS/ALL OTH OUTPTNT	14	48	1,433.21	29.86	3.200	102.37	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	7	201	\$ 31,644.03	\$ 157.43	13.400	\$ 4520.58	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	6	201	30,658.53	152.53	13.400	5109.76	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	1	0	985.50	.00	.000	985.50	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	18	206	\$ 2,549.84	\$ 12.38	13.733	\$ 141.66	\$
HOSPITAL BASED	1	1	80.00	80.00	.067	80.00	
INDEPENDENT FACILITY	17	205	2,469.84	12.05	13.667	145.28	
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	311	688	\$ 150,848.06	\$ 219.26	45.867	\$ 485.04	\$ 1
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	311	688	150,848.06	219.26	45.867	485.04	1

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SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@ALL OTHER PROVIDERS	137	963	\$ 25,241.88	\$ 26.21	64.200	\$ 184.25	\$
DURABLE MED. EQUIP.	5	24	3,814.90	158.95	1.600	762.98	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	2	9	868.62	96.51	.600	434.31	
MEDICAL TRANSPORTATION	2	58	441.53	7.61	3.867	220.77	
AMBULANCES/AIR TRANS	2	57	431.65	7.57	3.800	215.83	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	9.88	9.88	.067	9.88	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	26	387	14,313.19	36.98	25.800	550.51	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	65	150	1,516.77	10.11	10.000	23.33	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	6	203.61	33.94	.400	101.81	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	31	322	3,571.63	11.09	21.467	115.21	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	6	7	511.63	73.09	.467	85.27	
@CALIF. CHILDREN SERVICES*	117	3,444	\$ 118,346.87	\$ 34.36	229.600	\$ 1011.51	\$
@XOVER EXCLUDING STATE HOSP**	11	4	\$ 6,489.13	\$ 1622.28	.267	\$ 589.92	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR TOTAL CERTIFIED

70,297 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	- C E
@TOTAL, ALL PROVIDERS	100,900	804,177	\$ 53,890,205.67	\$ 67.01	11.440	\$ 534.10	\$
@PHYSICIANS SERVICES	12,257	37,476	\$ 3,001,525.34	\$ 80.09	.533	\$ 244.88	\$
OUTPATIENT VISITS	6,170	9,223	585,671.00	63.50	.131	94.92	
OFFICE VISITS	1,798	2,089	104,523.27	50.04	.030	58.13	
HOME VISITS	2	6	182.40	30.40	.000	91.20	
EMERGENCY ROOM	1,733	1,951	126,079.93	64.62	.028	72.75	
PREVENTIVE CARE	10	10	428.23	42.82	.000	42.82	
OB VISITS/COMPRE PERI	2,290	4,279	316,743.19	74.02	.061	138.32	
OTHER OUTPATIENT	755	888	37,713.98	42.47	.013	49.95	
INPATIENT VISITS	1,672	5,988	544,392.01	90.91	.085	325.59	
HOSPITAL VISITS	1,498	3,605	183,920.73	51.02	.051	122.78	
CRITICAL CARE	319	2,365	359,839.28	152.15	.034	1128.02	
SNF/ICF/TRANS IP CARE	16	18	632.00	35.11	.000	39.50	

OPHTHALMOLOGICAL SERVICES	93	121		5,555.85	45.92	.002	59.74	
EXAMINATIONS	93	121		5,555.85	45.92	.002	59.74	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1,946	5,840		1,033,532.36	176.97	.083	531.11	
PRINCIPAL SURGEON	1,318	1,508		828,009.47	549.08	.021	628.23	
ASSISTANT SURGEON	263	264		49,340.16	186.89	.004	187.61	
ANESTHESIOLOGIST	644	4,068		156,182.73	38.39	.058	242.52	
OUTPATIENT SURGERY	938	2,368		157,180.05	66.38	.034	167.57	
PRINCIPAL SURGEON	774	1,159		114,522.63	98.81	.016	147.96	
ASSISTANT SURGEON	3	3		559.50	186.50	.000	186.50	
ANESTHESIOLOGIST	213	1,206		42,097.92	34.91	.017	197.64	
DIALYSIS	5	6		1,332.69	222.12	.000	266.54	
PATHOLOGY	1,130	2,577		38,353.45	14.88	.037	33.94	
RADIOLOGY	4,034	5,840		268,550.70	45.98	.083	66.57	
PSYCHIATRY	37	43		1,784.20	41.49	.001	48.22	
IMMUNIZATION AND INJECTION	165	335		19,474.01	58.13	.005	118.02	
OTHER SERVICES/ALL X-OVERS	2,207	5,135		345,699.02	67.32	.073	156.64	
@PHARMACY	25,490	164,283	\$	11,708,046.02	\$ 71.27	2.337	\$ 459.32	\$
PRESCRIPTION DRUGS	24,913	57,011		10,731,319.92	188.23	.811	430.75	
SNF/ICF	4,384	11,646		2,478,647.39	212.83	.166	565.38	
OUTPATIENTS	20,775	45,365		8,252,672.53	181.92	.645	397.24	
MEDICAL SUPPLIES	1,310	107,272		976,726.10	9.11	1.526	745.59	
@DENTIST	15,535	74,229	\$	2,233,862.21	\$ 30.09	1.056	\$ 143.80	\$
VISITS - DIAGNOSTIC	12,258	49,847		671,092.75	13.46	.709	54.75	
ORAL SURGERY	1,877	4,784		296,577.94	61.99	.068	158.01	
DRUGS	664	728		16,258.75	22.33	.010	24.49	
ANESTHESIA	434	461		39,632.96	85.97	.007	91.32	
PERIODONTICS	474	485		52,803.25	108.87	.007	111.40	
ENDODONTICS	1,084	2,247		284,980.71	126.83	.032	262.90	
RESTORATIVE DENTISTRY	4,195	12,761		657,010.27	51.49	.182	156.62	
PROSTHETICS	88	99		2,924.50	29.54	.001	33.23	
DENTURES, STAYPLATES	430	1,292		153,366.85	118.70	.018	356.67	
SPACE MAINTAINERS	98	114		14,684.00	128.81	.002	149.84	
MAXILLOFACIAL SERVICES	21	24		5,035.25	209.80	.000	239.77	
FRACTURES, DISLOCATIONS	1	1		700.00	700.00	.000	700.00	
ORTHODONTIC SERVICES	346	472		37,244.98	78.91	.007	107.64	
ALL OTHER SERVICES	536	914		1,550.00	1.70	.013	2.89	
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SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR TOTAL CERTIFIED							

	70,297 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	- C E
@OPTOMETRIST	173	462	\$	8,996.15	\$ 19.47	.007	\$ 52.00	\$
DIAGNOSTIC AND ANC. PROCED	104	124		3,424.46	27.62	.002	32.93	
EYE APPLIANCES	121	325		5,177.41	15.93	.005	42.79	
OTHER OPTOMETRIC SERVICES	11	13		394.28	30.33	.000	35.84	
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	55	102	\$	2,197.72	\$ 21.55	.001	\$ 39.96	\$
MEDICINE/INJECTIONS	1	1		57.20	57.20	.000	57.20	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	54	101		2,140.52	21.19	.001	39.64	

@HOME HEALTH AGENCY	402	12,482	\$	467,814.62	\$	37.48	.178	\$	1163.72	\$
NURSE ANESTHESIST	1	70	\$	73.94	\$	1.06	.001	\$	73.94	\$
NURSE MIDWIFE	53	1,013	\$	19,786.57	\$	19.53	.014	\$	373.33	\$
PEDIATRIC NURSE PRACTITIONER	5	6	\$	165.00	\$	27.50	.000	\$	33.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	8,721	43,538	\$	16,204,726.03	\$	372.20	.619	\$	1858.13	\$
HOSP INPATIENT TOTAL	2,027	8,298		15,096,499.10		1819.29	.118		7447.71	
HSC HOSPITALS	696	3,154		6,450,003.19		2045.02	.045		9267.25	
NON-HSC HOSPITAL TOTAL	1,101	5,144		8,443,762.65		1641.48	.073		7669.18	
ACCOMMODATIONS	1,101	5,144		2,554,213.06		496.54	.073		2319.90	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1,101	5,144		2,554,213.06		496.54	.073		2319.90	
ANCILLARIES	1,101	0		5,889,549.59		.00	.000		5349.27	
INPATIENT CROSSOVERS	239	0		202,733.26		.00	.000		848.26	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	7,570	35,240		1,108,226.93		31.45	.501		146.40	
MEDICAL	926	1,750		127,886.43		73.08	.025		138.11	
SURGERY	671	800		36,760.09		45.95	.011		54.78	
PATHOLOGY	2,962	11,697		128,801.26		11.01	.166		43.48	
RADIOLOGY	1,703	2,186		208,387.28		95.33	.031		122.36	
ROOM USE	3,584	4,820		196,224.08		40.71	.069		54.75	
CROSSOVERS/ALL OTH OUTPTNT	3,583	13,987		410,167.79		29.32	.199		114.48	
@COUNTY HOSPITAL TOTAL	191	765	\$	329,894.65	\$	431.23	.011	\$	1727.20	\$
CO HOSPITAL INPATIENT TOTAL	45	234		307,298.20		1313.24	.003		6828.85	
HSC HOSPITALS	41	230		303,623.22		1320.10	.003		7405.44	
NON-HSC HOSPITALS TOTAL	2	4		2,520.79		630.20	.000		1260.40	
ACCOMMODATIONS	2	4		925.20		231.30	.000		462.60	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	2	4		925.20		231.30	.000		462.60	
ANCILLARIES	2	0		1,595.59		.00	.000		797.80	
INPATIENT CROSSOVERS	2	0		1,154.19		.00	.000		577.10	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	158	531		22,596.45		42.55	.008		143.02	
MEDICAL	65	85		4,987.16		58.67	.001		76.73	



SURGERY	10	17	768.22	45.19	.000	76.82
PATHOLOGY	42	109	1,441.05	13.22	.002	34.31
RADIOLOGY	26	54	3,958.31	73.30	.001	152.24
ROOM USE	77	123	4,687.41	38.11	.002	60.88
CROSSOVERS/ALL OTH OUTPTNT	62	143	6,754.30	47.23	.002	108.94

#CALIF DEPT OF HEALTH SERV      MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005      PA  
MOP024      FEE-FOR-SERVICE/DENTAL  
SANTA CRUZ COUNTY      SUMMARY OF SERVICES FOR      TOTAL CERTIFIED

70,297 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS      COST PER PER ELIG      USER	C E	
@COMMUNITY HOSPITAL TOTAL	8,539	42,773	\$ 15,874,831.38	\$ 371.14	.608	\$ 1859.10	\$
COMM HOSP INPATIENT TOTAL	1,983	8,064	14,789,200.90	1833.98	.115	7457.99	
HSC HOSPITALS	656	2,924	6,146,379.97	2102.05	.042	9369.48	
NON-HSC HOSPITALS TOTAL	1,099	5,140	8,441,241.86	1642.26	.073	7680.84	
ACCOMMODATIONS	1,099	5,140	2,553,287.86	496.75	.073	2323.28	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1,099	5,140	2,553,287.86	496.75	.073	2323.28	
ANCILLARIES	1,099	0	5,887,954.00	.00	.000	5357.56	
INPATIENT CROSSOVERS	237	0	201,579.07	.00	.000	850.54	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	7,417	34,709	1,085,630.48	31.28	.494	146.37	
MEDICAL	863	1,665	122,899.27	73.81	.024	142.41	
SURGERY	661	783	35,991.87	45.97	.011	54.45	
PATHOLOGY	2,920	11,588	127,360.21	10.99	.165	43.62	
RADIOLOGY	1,677	2,132	204,428.97	95.89	.030	121.90	
ROOM USE	3,507	4,697	191,536.67	40.78	.067	54.62	
CROSSOVERS/ALL OTH OUTPTNT	3,521	13,844	403,413.49	29.14	.197	114.57	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	116	3,351	\$ 464,620.95	\$ 138.65	.048	\$ 4005.35	\$
LEV A-INTERMEDIATE	3	91	6,936.14	76.22	.001	2312.05	
LEV B-REHAB MD	45	1,514	220,390.78	145.57	.022	4897.57	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	68	1,746	237,294.03	135.91	.025	3489.62	
@INTERMEDIATE CARE FACIL.-DD	10	290	\$ 47,400.50	\$ 163.45	.004	\$ 4740.05	\$
ICF DDH	10	290	47,400.50	163.45	.004	4740.05	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	18	561	\$ 23,561.79	\$ 42.00	.008	\$ 1308.99	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	18	561	23,561.79	42.00	.008	1308.99	
@REHABILITATION FACILITY	737	9,530	\$ 134,405.32	\$ 14.10	.136	\$ 182.37	\$
HOSPITAL BASED	206	824	22,911.20	27.80	.012	111.22	
INDEPENDENT FACILITY	532	8,706	111,494.12	12.81	.124	209.58	
@LABORATORY FACILITY	5,159	14,331	\$ 195,681.69	\$ 13.65	.204	\$ 37.93	\$
PATHOLOGY	5,154	14,323	195,562.16	13.65	.204	37.94	
XO AND OTHERS	5	8	119.53	14.94	.000	23.91	
@ORGANIZED OUTPATIENT CLINIC	41,885	103,777	\$ 16,405,386.67	\$ 158.08	1.476	\$ 391.68	\$
CLINIC	2,864	11,853	447,908.65	37.79	.169	156.39	
SURGICENTER	7	15	1,261.88	84.13	.000	180.27	

HEROIN DETOX CLINIC	3	37	455.24	12.30	.001	151.75	
RURAL HEALTH CLINIC	39,049	91,872	15,955,760.90	173.67	1.307	408.61	
#CALIF DEPT OF HEALTH SERV							PA
MOP024							
SANTA CRUZ COUNTY							

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TOTAL CERTIFIED

	70,297 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	12,630		338,676	\$ 2,971,955.15	\$ 8.78	4.818	\$ 235.31	\$
DURABLE MED. EQUIP.	244		1,186	204,543.16	172.46	.017	838.29	
BLOOD BANK	0		0	.00	.00	.000	.00	
HEARING AID DISPENSERS	15		32	7,342.54	229.45	.000	489.50	
MEDICAL TRANSPORTATION	292		4,948	96,744.02	19.55	.070	331.32	
AMBULANCES/AIR TRANS	283		4,820	57,127.90	11.85	.069	201.87	
OTHER TRANS	6		51	311.55	6.11	.001	51.93	
OTHER SERVICES	76		77	39,304.57	510.45	.001	517.17	
ACUPUNCTURE	25		64	1,103.23	17.24	.001	44.13	
ADULT DAY HEALTH CARE CTR	17		135	9,435.06	69.89	.002	555.00	
GENETIC DISEASE TESTING	759		759	79,623.00	104.91	.011	104.91	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,880		35,125	1,505,321.49	42.86	.500	800.70	
OCCUPATIONAL THERAPIST	8		89	1,094.13	12.29	.001	136.77	
OPTICIAN	4,064		9,365	91,060.20	9.72	.133	22.41	
PHYSICAL THERAPIST	2		14	237.98	17.00	.000	118.99	
PORTABLE X-RAY	4		6	76.38	12.73	.000	19.10	
PROSTHETIST/ORTHOTISTS	43		208	42,725.98	205.41	.003	993.63	
PROSTHETICS	43		208	42,725.98	205.41	.003	993.63	
ORTHOTICS	0		0	.00	.00	.000	.00	
PSYCHOLOGIST	0		0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	85		281	12,568.26	44.73	.004	147.86	
HOSPICE SERVICES	0		0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	4,879		79,245	524,630.67	6.62	1.127	107.53	
EPSDT SUPPLEMENTAL SERVICE	37		10,186	270,732.63	26.58	.145	7317.10	
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	498		197,033	124,716.42	.63	2.803	250.43	
@CALIF. CHILDREN SERVICES*	6,273		279,144	\$ 9,652,050.78	\$ 34.58	3.971	\$ 1538.67	\$
@XOVER EXCLUDING STATE HOSP**	763		7,840	\$ 263,363.29	\$ 33.59	.112	\$ 345.17	\$

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;  
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  
 \*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.